

CITY OF LIVERPOOL



EDUCATION COMMITTEE

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1956

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Principal School Medical Officer.

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INDEX.

	PAGE
Adenoids	22 and 23
Audiometry	22
B.C.G. Vaccination	45
Blind Pupils	53
Cerebral Palsy	69
Child Guidance	35
Children and Young Persons Act, 1933	49
Cleansing of Pupils	30
Clothing	31
Deaf Pupils	22 and 57
Defective Vision	21
Defective Vision—Special Classes	54 and 55
Defects among School Entrants	48
Delicate Pupils	60 and 69
Dental Work	26 and 78
Ear Diseases	22
Educationally Sub-normal Pupils	70
Employment of Pupils	33 and 80
Epileptics	58
Footwear	31
General Condition	12
Handicapped Pupils... ..	53 and 80
Health Education	33
Heart Clinic	23
Heart Disease	24 and 25
Heights	14
Home Teaching	75
Impetigo	30
Infectious Diseases	45
Inoculations	48
Introduction	9
Late Hours	32
Maladjusted	75
Meals, Provision of	17
Milk Scheme	20
Minor Ailments	29

	PAGE
Nursery Schools and Classes	50
Neglect	30 and 34
Orthopædic Scheme	9 and 28
Orthodontic Treatment	27
Partially-deaf Pupils	57
Partially-sighted Pupils	54
Physically Handicapped Pupils	63, 67 and 69
Ringworm	30
School Attendance	34
School Premises	49
Special Schools	53
Speech Therapy	76
Staff	5, 6, 7 and 8
Teachers' Training Colleges Candidates	50
Tonsils and Adenoids	22
Tuberculosis	44
Uncleanliness	30
Vaccination	48
Verminous Children	30
Verrucae	30
Vision	21
Weights	13

APPENDICES :—

A. Statistical Tables for Ministry of Education

Numbers Inspected, etc.	83
Return of defects found	85
General Condition, Classification	84
Treatment of Defects	87

B. List of School Clinics	90
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STAFF

Principal School Medical Officer.

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.
(also Medical Officer of Health).

Deputy Principal School Medical Officer.

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P. & S.

Senior School Medical Officer.

A. M. BROWN, M.B., Ch.B., D.P.H.

Whole-time School Medical Officers.

MURIEL C. ANDREWS, M.B., Ch.B.,
D.C.H., D.P.H.

A. H. BAYNES, M.A., B.Sc.,
M.R.C.S., M.R.C.P., M.B.,
B.Chir. (*Resigned* 31.8.56).

MARGARET C. BLACK, M.B., Ch.B.,
D.(Obst.), R.C.O.G.,

R. BURNS, L.R.C.P., L.R.C.S.,
L.R.F.P.S.

MARY P. COULTER, L.R.C.P.,
L.R.C.S.I.

CATHERINE S. ELLAMS, M.B.,
Ch.B., D.P.H.

M. GODWIN, M.B., Ch.B.

PAMELA P. GRIFFITH, L.R.C.P. & S.,
L.R.F.P. & S.

WALTER S. HALL, M.R.C.S.,
L.R.C.P.

GRACE E. MCCONKEY, M.B., Ch.B.,
B.A.O., D.C.H.

L. P. MOORE, M.R.C.S., L.R.C.P.,
M.A., F.R. Econ. S., A.C.I.S.,
A.C.I.I. (*From* 8.3.56).

EILEEN J. OWENS, M.B., B.Ch.,
B.A.O., D.C.H. (*From* 12.11.56).

JEAN D. PHILLIPS, M.B., Ch.B.

FLORA S. QUIN, M.B., Ch.B.

IRENE W. SIMPSON, M.B., Ch.B.,
D.P.H.

JAMES C. TAYLOR, M.B., Ch.B.,
D.P.H.

MARY I. THOMPSON, M.B., Ch.B.,
M.R.C.S., L.R.C.P., D.C.H.

G. R. THORPE, M.B., Ch.B., D.P.H.

MARGHERITA N. WALDEN, M.B.,
B.S.

JOYCE K. WATKIN, M.B., Ch.B.,
D.P.H.

Part-time School Medical Officers.

ELIZABETH P. DUNCAN, M.B., Ch.B., D.C.H.

MARY F. LACEY, M.D., Ch.B. (*From* 2.1.56).

Principal School Dental Officer.

L. C. WINSTANLEY, T.D., L.D.S.

Whole-time School Dental Officers.

C. R. COOPER, L.D.S.	ALICE J. JONES, L.D.S., R.F.P.S. (From 26.11.56).
BARBARA CUNNINGHAM, L.D.S.	W. J. MEAKIN, L.D.S., R.C.S. (Eng.) (Part-time from 1.5.56).
MARY P. FLETCHER, L.D.S. (Resigned 30.6.56).	W. F. WREN, B.D.S.

Part-time School Dental Officers.

G. S. BALL, L.D.S.
 J. P. BLACOE, L.D.S.
 H. J. BURNS-JONES, L.D.S.
 P. G. BUSH, L.D.S., R.C.S. (Eng.).
 J. H. CALLAGHAN, L.D.S., R.C.S. (Eng.).
 J. L. CALLAGHAN, L.D.S., R.C.S. (Eng.).
 ZILLAH A. FAIRHURST, L.D.S., R.C.S. (Eng.).
 R. FAY, L.D.S. (From 21.3.56 to 24.5.56).
 MARY P. FLETCHER, L.D.S. (From 3.12.56).
 M. M. GOULD, L.D.S., R.C.S. (Terminated duties 31.1.56).
 CATHERINE T. GREEN, L.D.S.
 JANE S. HOMFRAY, L.D.S.
 ERICA F. HOROWITZ, L.D.S. (From 16.4.56 to 27.11.56).
 T. HUDALY, L.D.S., R.C.S. (Eng.) (From 3.12.56).
 J. JONES, L.D.S., R.C.S. (Eng.), M.P.S.
 N. KEARNEY, B.D.S., N.U.I.
 L. D. KRAMER, B.D.S., R.C.S. (Eng.).
 EDNA G. LAYLEE, L.D.S.
 J. F. MORGAN.
 JOAN P. MURRAY, B.D.S. (From 30.10.56 to 8.12.56).
 F. PATTON.
 BARBARA E. PETRIE, L.D.S.
 H. POGREL, L.D.S., R.C.S. (Eng.).
 B. QUEST, L.D.S. (From 17.1.56).
 JEAN C. REGER, L.D.S.
 L. TURNER.
 R. T. H. WILLIAMS, B.D.S. (From 13.2.56 to 6.4.56).
 DOREEN F. WILSON, L.D.S.

Psychologists.

M. CHAZAN, M.A.
 J. R. GREEN, B.A. (Resigned 31.12.56).

Senior Speech Therapist.

W. G. GOOD, L.C.S.T.

Speech Therapists.

JEAN S. BROWN, L.C.S.T. (Resigned 30.6.56).
 JEAN HOWARD, L.C.S.T. (From 1.9.56).
 MAUREEN B. SMYTH, L.C.S.T. (From 8.10.56).

Senior Physiotherapist.

URSULA BROWN, M.C.S.P. (*From 1.4.56*).

Physiotherapists.

MARJORIE C. QUINN, M.C.S.P. (*Resigned 30.4.56*).

ELIZABETH VARNEY, M.C.S.P. (*Resigned 31.10.56*).

Remedial Gymnast.

ROSALINE MATHERON (*From 1.4.56*).

Part-time Specialist Officers.*Oculists.*

DAVID BLACK, M.B., B.Ch., B.A.O., D.O.M.S. (Also Visiting Oculist for Partially-sighted Children).

NORMAN DONALDSON, M.B., B.Ch., B.A.O., D.O.M.S.

JOHN D. E. EDWARDS, M.B., Ch.B., D.O.M.S.

NORA M. ENGLISH, M.B., B.Ch., B.A.O., D.O.

JOHN N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.

RHONA A. REID, M.A., M.B., Ch.B., D.O., (*From 1.10.56*).

H. BENEDICT SMITH, M.Ch., D.O.M.S. (*From 11.1.56*).

Orthopaedic Surgeons.

H. G. A. ALMOND, M.R.C.S., L.R.C.P., M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

F. C. DWYER, M.B., F.R.C.S., M.Ch.(Orth.).

A. G. O'MALLEY, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

G. L. SHATWELL, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

Paediatric Consultant.

JOHN D. HAY, M.A., M.D., M.R.C.P., D.C.H.

Paediatric Consultant at Greenbank Boarding Special School (Spastic Unit).

R. L. J. S. DERHAM, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Psychiatrists.

IVAN LEVESON, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

H. S. BRYAN, M.R.C.S., L.R.C.P.

Surgeon i/c of Aural Scheme and Aurist for Crown Street School for the Deaf.

H. V. FORSTER, F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.

F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent: MISS M. SNODDON, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent: MISS W. K. POOLE,
S.R.N., S.C.M.(Pt.I), H.V.Cert.

Also :—38 Permanent nurses.
30 Temporary nurses.
10 Nursing Assistants.
12 Clinic Helpers (including 10 part-time).
15 Dental Attendants.

Clerical.

Senior Administrative Assistant: MR. T. EDGAR (*Deceased* 20.10.56).
MR. A. MCCALLUM (*From* 18.12.56).

Also :—48 Clerks.

CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

**REPORT of the PRINCIPAL SCHOOL MEDICAL
OFFICER for the Year ended 31st December, 1956.**

INTRODUCTION.

1. The only change in the organisation of the service during the year was the bringing into operation of the scheme whereby the physiotherapy work in the special schools and that of the work for the other children were amalgamated. This has led to improvement in continuity of treatment and also allows the physiotherapist a wider interest. The service is, however, handicapped by a scarcity of physiotherapists.

2. The reconstruction of the Garston Clinic has been a great improvement. The changes made have resulted in very suitable clinic premises. The proper sub-dividing of the floor space now enables many more activities to be carried out at the same time.

3. Attention has been given to the organisation of the school nurse's work. Since duties change over the years such a service needs to be overhauled from time to time. The review has resulted in a better distribution of the work amongst the nurses, which should be of benefit not only in increased value from their efforts but make the work more interesting to themselves.

4. The system of cross indexing of the medical records which was commenced a few years ago is now practically complete and is already showing its value. Two very useful reviews which were made during the year by its use are reported under "heart disease" and "epilepsy".

5. The co-operation of the health visitors in the Maternity & Child Welfare Department in bringing young deaf and spastic children to the attention of the Service is of much benefit. The early treatment of these conditions gives so very much better results.

6. It is with regret that I record the death of Mr. T. Edgar. He was the Senior Administrative Assistant of the Department in which he had spent practically his whole adult life. He joined the Authority's service in 1912 and in December 1913 came to this Department. He was the type of man who has done much to enhance the reputation of local government officers. He was of outstanding administrative ability and contributed much to the development of the School Health Service. Until his final illness he was seldom absent from duty except for the 1914-1918 period, when he was in the Services.

7. It is with pleasure that I report that the School Health Service continues to receive every possible help from the general practitioners, hospital staffs, and chest physicians. The Service in its turn is always ready to co-operate in every way possible to help the other medical services.

8. I wish to express my appreciation to the Director of Education for supplying information for this report, particularly in connection with the work of the Special Schools, the Youth Employment Bureau, the Schools Meals Service, and the School Welfare Branch.

9. As in former years the brunt of the day to day running of the School Health Service falls to be performed by my deputy Dr. G. Stuart Robertson; I wish to express to him my gratitude for his loyalty and

hard work. I also wish to thank the medical and dental officers, the school nurses, the administrative officers and clerical staff who have all contributed by their endeavours to this record of the year's work.

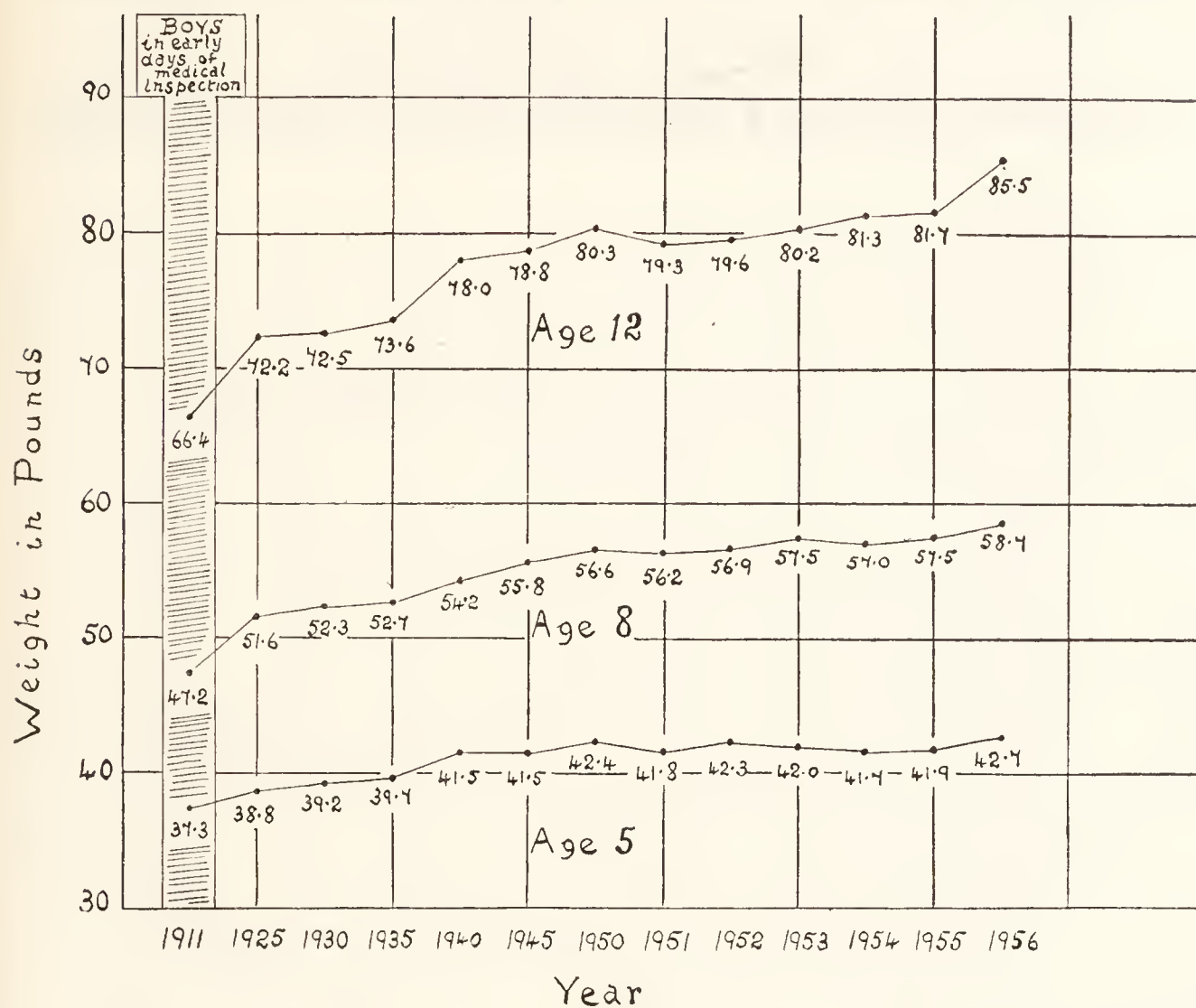
Andrew B. Semple

Principal School Medical Officer.

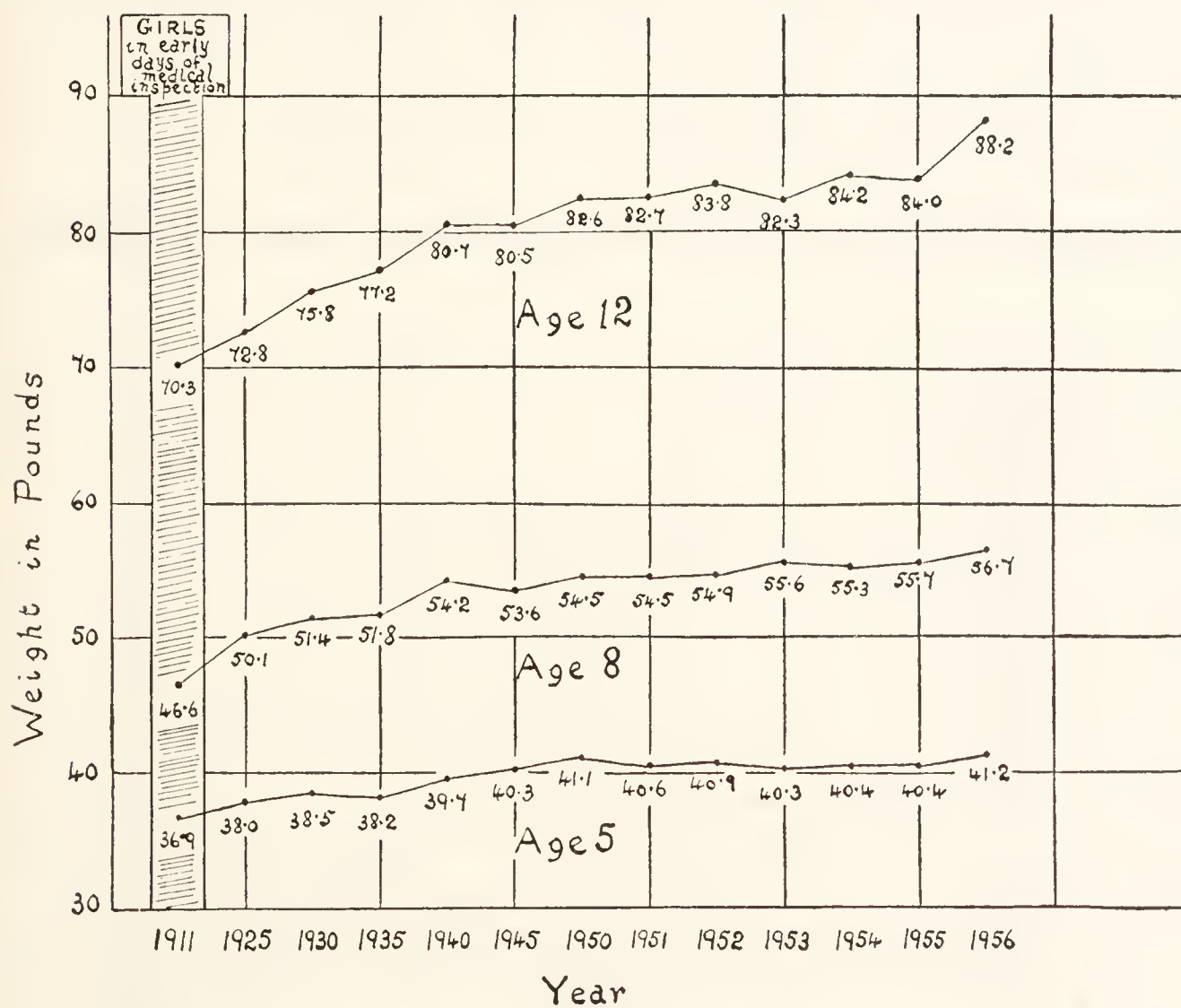
GENERAL CONDITION.

10. The classification of the physical condition of the pupils has been in an altered form and is not comparable with previous years. The medical officers are now asked simply to state whether, in their opinion, a child's general condition is satisfactory or not. In each of the age groups approximately 4 per cent., are classified as unsatisfactory. This finding is in conformity with the height and weight graphs. Children in the "poor" areas not being up to the standard of those in the "fair" areas, who in turn are not up to the standard of those in the "good" areas. An increasing number of children are being diagnosed as overweight. It would not be correct to assume that weight necessarily indicates an optimum state of health.

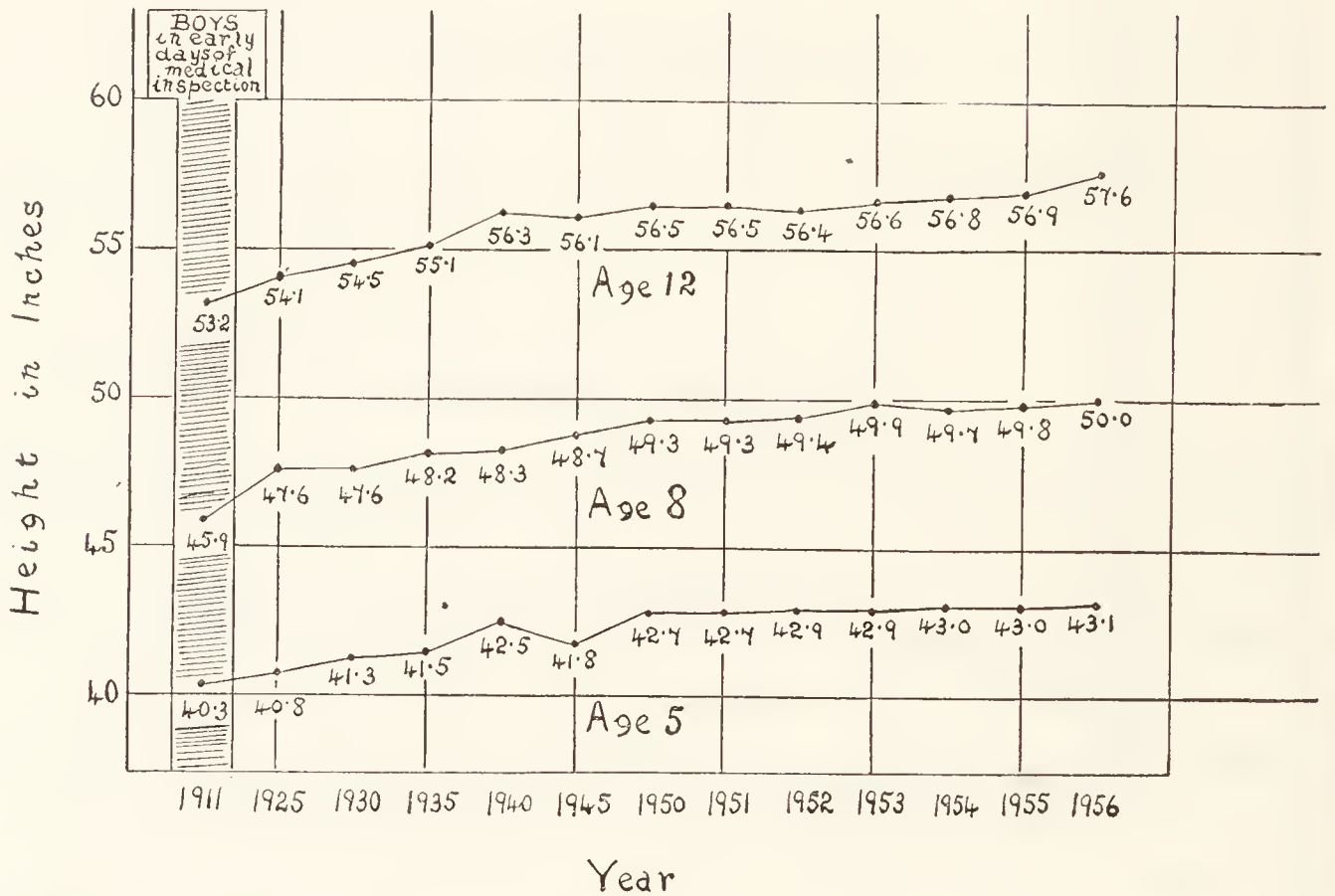
Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



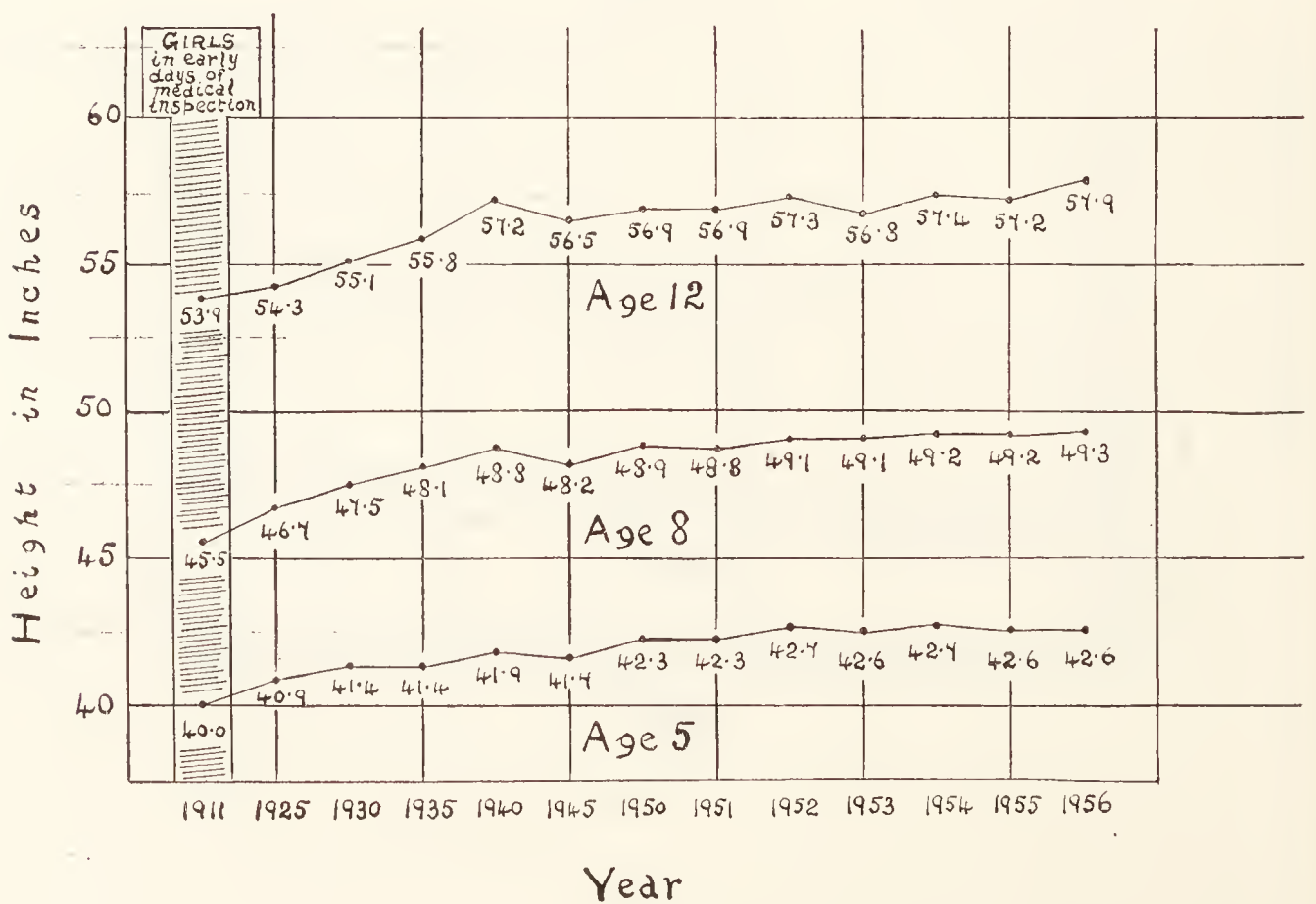
Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



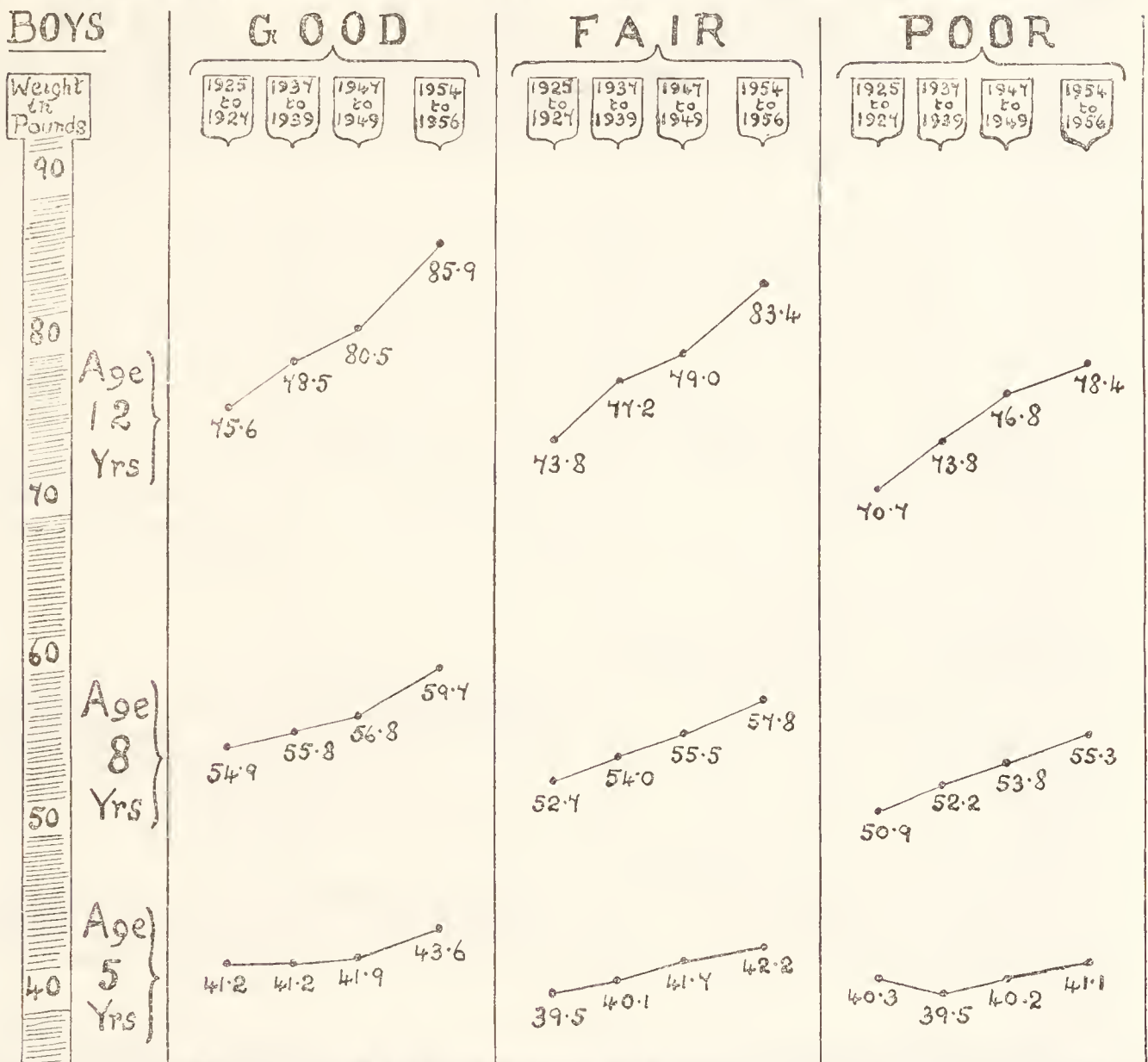
Comparative Average HEIGHTS of BOYS, Ages 5, 8 and 12



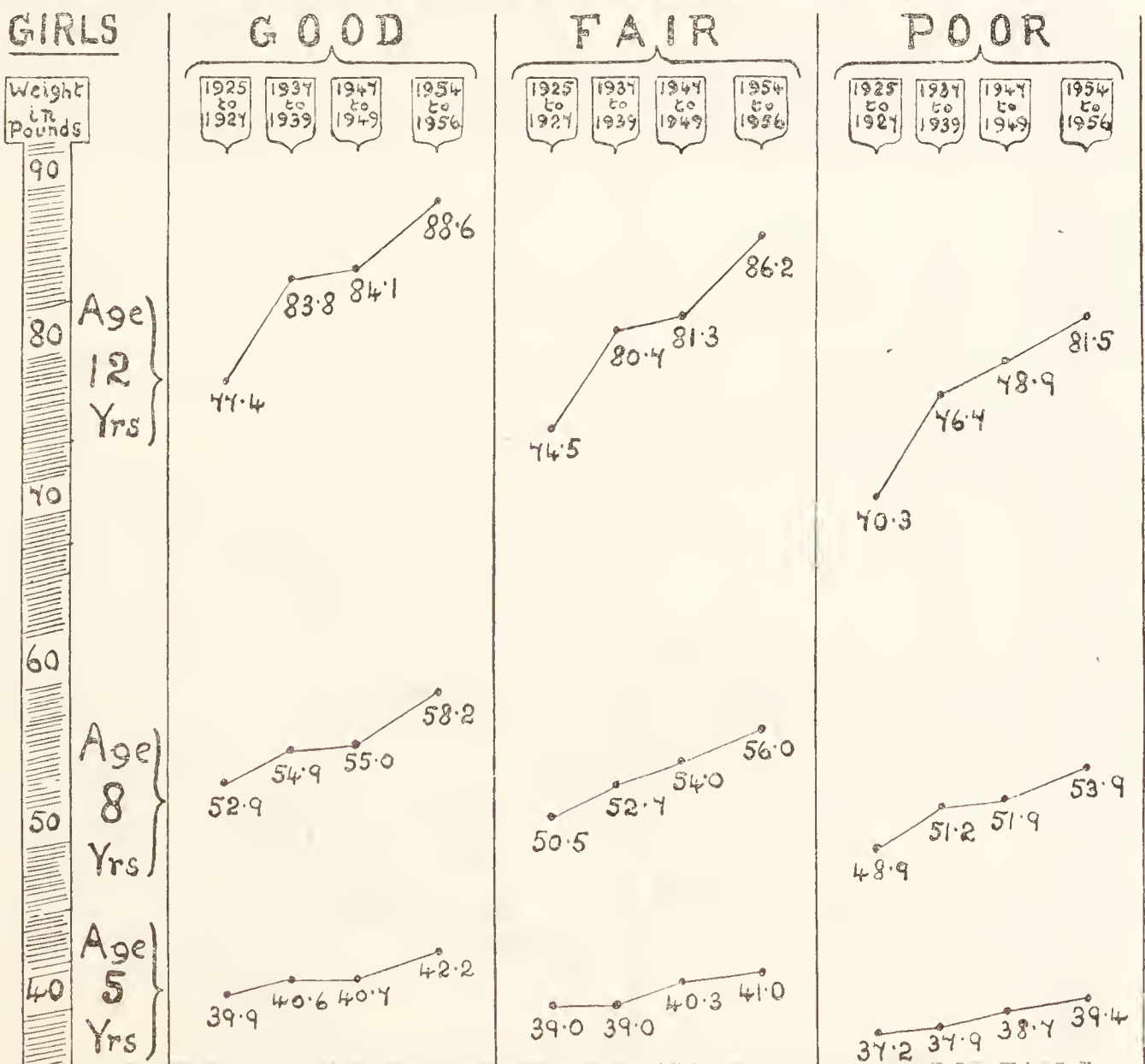
Comparative Average HEIGHTS of GIRLS, Ages 5, 8 and 12.

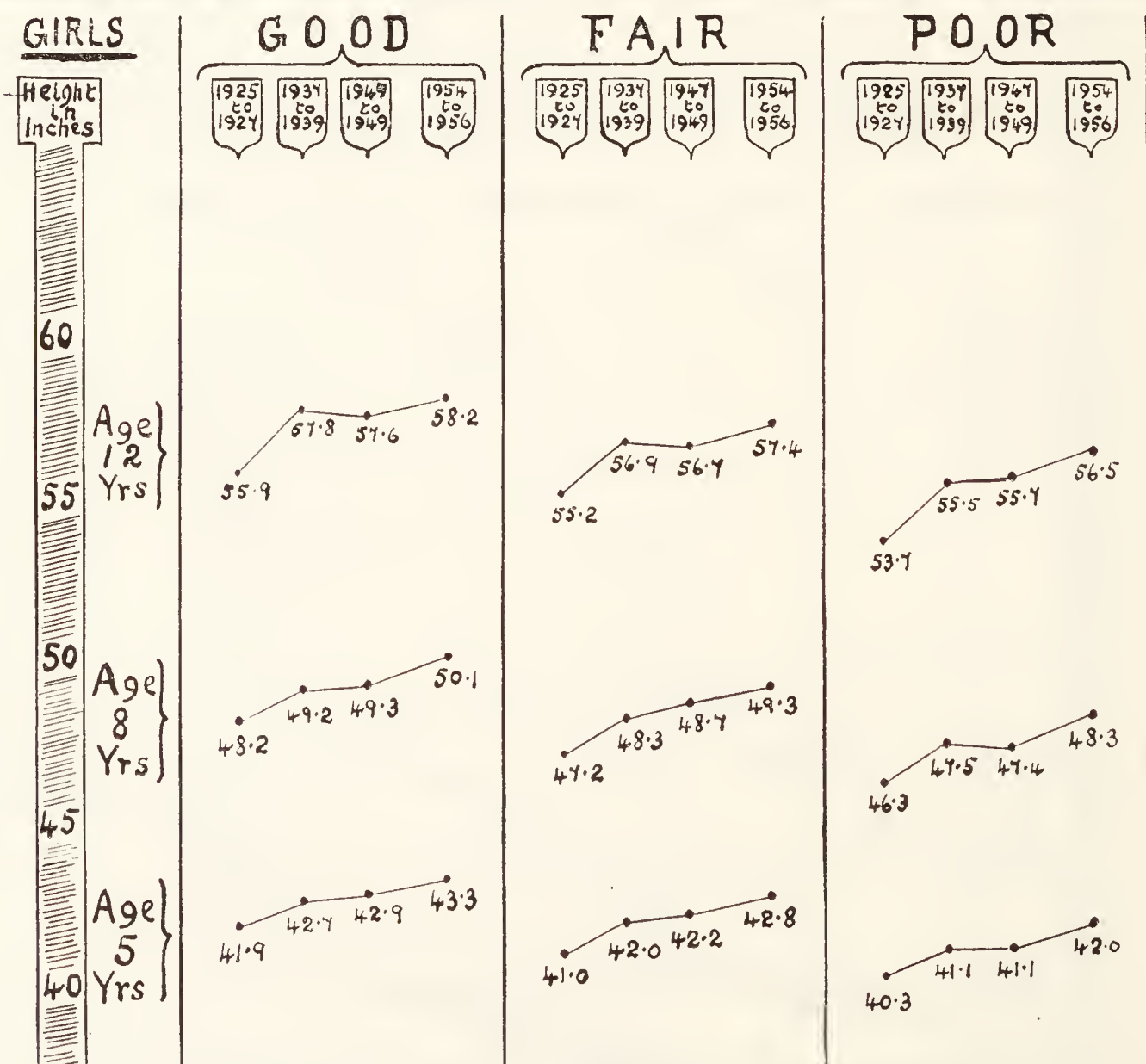
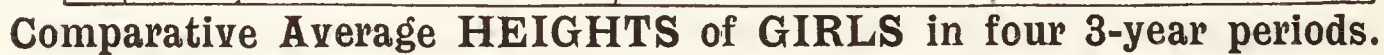


Comparative Average WEIGHTS of BOYS in four 3-year periods.



Comparative Average WEIGHTS of GIRLS in four 3-year periods.





SCHOOL MEALS SERVICE.

Establishments.

11. At the end of the year there were 83 central kitchens and self-contained kitchen/dining rooms and 178 dining rooms and dining centres, including 8 in establishments of Further Education. Canteens were also in service at 7 Evening Institutes.

The following kitchens and dining rooms were opened during the year :—

	Kitchen Capacity (Meals)	Sitting Capacity (2 Sittings)
Combined Kitchens and Dining Rooms in Schools.		
Archbishop Godfrey R.C. Secondary Technical	165	*
Croxteth Secondary Modern for Girls	250	250
Hillfoot Hey Secondary Grammar for Boys	350	350
New Heys Secondary Grammar for Girls	350	350
Combined Kitchen and Dining Room on School Site.		
Quarry Bank Secondary Grammar for Boys	250	300
NOTE :—*Dining Room already open.		
Dining Rooms in Schools.		
Bankfield Secondary Modern for Girls	—	250
Arnot Street Secondary Modern for Boys	—	250
St. Margaret's, Anfield, Secondary Commercial Extension at Leamington Road	—	240

12. The following kitchens and dining rooms were closed during the year for the reasons indicated :—

St. Hilda's Secondary Commercial School	Kitchen closed. Dining room retained. Meals provided from another Kitchen.
All Saints C.E. Primary School ...	Closure of School.
Quarry Bank Secondary Grammar School	Kitchen in School building closed on opening of new Kitchen/Dining Room on School site.
Birchfield Road County School ... (Hall used as Dining Centre for St. Sebastian's R.C. School children).	Children accommodated in Birchfield Road Kitchen/Dining Room.
Corinthian Avenue C.P. Extension at Holly Bank	Closure of Extension.
Everton Terrace Nursery School ...	Closure of School on provision of nursery accommodation at Prince Edwin Street County Primary School.
Northumberland Street Dining Centre (Formerly attended by Junior children of Upper Park Street County Primary School).	Children accommodated in North Hill Street Dining Centre.

Building Programme and Improvements to Premises.

13. (i) MAJOR PROJECTS.

The general restrictions on major building projects for the School Meals Service still continue.

As stated in the last Annual Report, the Ministry had approved the two under-mentioned projects, to be started during the Financial Year 1956-57 :—

School.	Proposal.
Wellesbourne Road County Primary School...	Erection of new Dining Room and Scullery. (350 meals in two sittings).
Notre Dame Secondary Commercial School...	Erection of new Dining Rom and Scullery. (200 meals in two sittings).

In June, 1956, however, the Ministry of Education informed the Authority (in Circular 308) that they would only be prepared to allow those projects to be started in 1956-57 which could be shown to be essential and urgent. The above proposals were accordingly re-submitted to the Ministry of Education but were not approved for 1956-57. The Ministry has been asked to approve their inclusion in the building programme for 1957-58.

14. (ii) MINOR PROJECTS.

In February, 1956, the Ministry of Education intimated that it was necessary to keep the expenditure on Capital Minor Building projects for the School Meals Service in 1956-57 at about the same level as that for 1955-56, and asked the Authority to submit an estimate of the total value of minor building work which was essential and could be started in 1956-57. The Ministry subsequently approved a sum of £7,000 for this purpose. Following representations to the Ministry this amount was increased to £8,500 to include the enlargement of the Holly Lodge High School dining room to provide accommodation for the increasing numbers of pupils attending the School.

Arrangements are in hand for the provision of a canteen in the Mechanics' Institute, Woolton, for the children of the Much Woolton R.C. School, in order to release the existing dining accommodation in the school, and for the provision of a canteen for the children of

Garston R.C. School in the adjacent parish hall to obviate the necessity of these young children travelling to Horrocks Avenue kitchen/dining room which is some 10 minutes walk from the school across busy thoroughfares.

During the year minor improvements to the cooking, washing-up and other facilities have been carried out at a number of existing establishments.

The Medical Officer of Health has continued his survey of dining rooms and sculleries and his recommendations for the improvement of the hygienic conditions are receiving the close attention of the Committee. Opportunities are being taken to carry out at the same time the provision of additional equipment or replacement of worn-out items in order to improve the existing facilities.

During the year work at 14 kitchens and 12 school dining rooms has been put in hand. Further schemes for the improvement of conditions at 2 kitchens and 4 dining rooms have also been approved for the current financial year.

Number of Meals.

15. The total number of dinners supplied from the kitchens during the year ended 31st December, 1956, was 9,435,206 (children 8,584,350; adults 850,856) an increase of 309,430 over the previous year.

The daily number of dinners supplied to pupils in maintained Primary, Secondary, Day Special and Nursery Schools, on a day selected in the month of February, 1956, and during the period 24th September to the 5th October, 1956, were as follows:—

	1956	
	February	Sept. to Oct.
Number of Kitchens	80	83
Number of children present in the schools on day selected ...	121,939	126,436
Number of pupils provided with dinners	41,987	41,759
Percentage of pupils who were supplied with dinners ...	34.43%	33.03%
Number of Canteens	249	254
Number of Schools and Departments served	429	432

In addition, dinners were also supplied to the following:—

	1956	
	February.	Sept. to Oct.
Direct Grant Schools	1,061	1,042
Nurseries administered by the Medical Officer of Health ...	620	640
Occupational Centres administered by the Medical Officer of Health	239	241
Adults—Canteen and Teaching Staffs	3,475	3,411
	5,395	5,334

School Milk.

16. Milk for drinking is provided under the Milk in Schools Scheme, free of charge, to all pupils. The numbers of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a day selected in the month of February, 1956, and daily during the period 24th September to the 5th October, 1956, were as follows:—

	1956	
	February.	Sept. to Oct.
No. of pupils taking milk (1/3rd pint)	114,466	119,325
Percentage of pupils present supplied with milk	93.87%	93.72%

As from the 1st September, 1956, the Committee undertook responsibility for the supply of milk under the Milk in Schools Scheme for pupils in non-maintained schools. The additional cost to the Committee ranks for grant at the rate of 100 per cent.

In Circular 302 of the 3rd May, 1956, the Ministry of Education informed the Authority that as from the 1st September, 1956, the quantity of milk for pupils in Nursery Schools was to be reduced from two-thirds to one-third pint daily. The quantity of milk for delicate pupils attending Special Schools remains at two-thirds pint daily.

Revised Income Scales for the Provision of Free Meals.

17. At the end of the Autumn Term the number of children authorised to obtain dinners free of charge was 10,851 compared with 9,735 at the corresponding time last year.

TABLE 1.

Age Group Inspected	Total seen		Operation for						Percentage of Operation Cases	
			Tonsils		Adenoids		Tonsils and Adenoids			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Grants 5 years	6,890	6,504	44	45	83	69	257	165	5·6	4·3
Primary Intermediate 8 years	7,195	6,804	167	134	148	125	636	536	13·2	11·7
Primary Leavers 11 years	5,570	5,397	190	149	94	93	541	484	14·8	13·5
Secondary Leavers 14 plus	5,140	5,037	212	238	78	76	420	464	13·8	15·4

HEART CLINIC.

28. The following Table shows the number of cases dealt with since the clinic opened in September, 1951.

TABLE 2.

	1951	1952	1953	1954	1955	1956	Total
No. of New Cases ...	54	151	101	113	115	83	617
No. Re-examined ...	4	66	124	57	46	41	338
No. Referred to Hospital ...	29	102	85	92	72	46	426
No. Surgically Treated ...	—	7	5	6	11	4	33

29. The Heart Clinic, conducted by Dr. John D. Hay, has now become a well established part of the Service. The clinic continues to act:—

1. As a screen for children with murmurs, many of which are regarded as functional and as requiring no further investigation and, of course, indicating that the child is fit for full activity.

2. It picks up those with remediable lesions, such as patent ductus arteriosus, coaractation of the aorta, pulmonary stenosis or atrial septal defects, for which early operation will prevent later complications and will result in a lower death rate than if operations were postponed until symptoms develop.

3. It facilitates follow-up of doubtful cases from year to year.

4. It enables supervision of progress in those in which there is an established organic lesion.

5. When children leave school they are referred to Dr. E. Wyn Jones at the Royal Infirmary for continued supervision of congenital heart lesions or Dr. Chamberlain at the Royal Southern Hospital for similar supervision of those with rheumatic heart lesions.

6. Information supplied by the clinic and, in some cases, the advice of Dr. Wyn Jones and Dr. Chamberlain both contribute to an accurate assessment of the patient necessary for placing him or her in suitable work on leaving school.

Heart Disease.

30. Dr. A. M. Brown has carried out an investigation of heart disease based upon the school health records. He reports:—

“A survey has been carried out on all children in whom a heart murmur has been detected and at the same time it has been convenient to consider all children who have had acute rheumatic fever, some of whom are left with an affection of the heart, whilst others suffer no permanent cardiac damage.

A table is appended shewing the numbers and ratios of functional murmurs of no significance, rheumatic carditis, congenital defects and also cases with a history of rheumatic fever but with a normal heart. They have been divided into boys and girls.

TABLE 3.

	GIRLS			BOYS		
	Nos.	Per-centage of <i>a</i> , <i>b</i> and <i>c</i> .	Nos. per 1,000 of school population.	Nos.	Per-centage of <i>a</i> , <i>b</i> and <i>c</i> .	Nos. per 1,000 of school population.
(<i>a</i>) Functional murmurs of no significance	800	74.4	12	493	77.7	7.0
(<i>b</i>) Rheumatic carditis ...	93	8.6	1.4	41	6.5	0.6
(<i>c</i>) Congenital defects ...	186	17.0	2.8	100	15.8	1.4
(<i>d</i>) Rheumatic fever with normal heart ...	67	—	1.0	45	—	0.6
Total of <i>a</i> , <i>b</i> and <i>c</i>	1,079	—	16.2	634	—	9.0
School Population ...	66,000			70,000		

Discussion.

(1) It will be noted that of 1,713 children found to have cardiac murmurs, 1,293 of them were regarded as being purely "functional", there being no signs or symptoms of an organic lesion.

(2) RHEUMATIC CARDITIS.

In 1954, amongst the new intake of pupils to all London County Council schools it was noted that 0.4 per 1,000 shewed evidence of rheumatic carditis. The Ministry of Health Report of the same year 1954 gave a figure of 0.3 per 1,000 for rheumatic carditis. Kersley in 1949, following mass radiography of a large number of adults, suggested that a likely figure of the incidence of rheumatic carditis was 0.7. The combined figure for Liverpool, boys and girls of school age, is 1.0 per 1,000. The incidence of rheumatic infection is two and a half times greater in girls than boys and the percentage of girls who, following rheumatic fever have a residual cardiac disability, is greater than the similar figure for boys, by 50 per cent.

(3) CONGENITAL DEFECTS.

The London County Council figures for 1954 for new entrants, reveal an incidence of congenital heart disease of 4·6 per 1,000. Professor Capon has stated that at the Liverpool Maternity Hospital between 1946 and 1953, 3 per 1,000 of all live births shewed evidence of congenital heart defects but of these 23 per cent died in the first two months. From this the expected rate in school children may be judged to be about 2 per 1,000. The combined figures for boys and girls amongst Liverpool schools in 1956 was 2·1 per 1,000.

The incidence of congenital defects is twice as great in the girls as the boys and it appears from the literature that the more commonly occurring congenital defects, for example, patent ductus arteriosus and septal defects are more common in females than males in the ratio of 2-3 to one."

DENTAL.

31. Report by Mr. L. C. Winstanley, the Principal School Dental Officer:—

"During the current year only half the school population has received routine dental inspection. This unfortunate state of affairs is due solely to a further reduction in staff. Two full-time Dental Officers resigned, in each case private practice proving a bigger attraction than School Dentistry. Fortunately, their interest in the Dental Health of the school child was sufficient for them both to do some part-time work in our clinics.

In order to stimulate interest in school dentistry final year students in the Liverpool Dental Hospital are encouraged to visit the clinics. The main objects of these visits are to impress upon the students the great importance of the School Dental Service and to show how it plays its part in the general dental health of the City and Nation. Without an efficient School Dental Service a great deal of the money spent on the National Health Service must be wasted. Regarding recruitment to the School Service there appears to be little doubt that at present, it takes second place to private practice.

This year Miss A. Jones has joined the staff as a full-time dental officer and three dental surgeons have been added to the part-time establishment.

In order to utilise dental manpower fully, the employment of School Medical Officers as anaesthetist has been re-introduced. The Medical Officers so employed have all had previous experience of dental anaesthetics and have shown great interest in the work. Their services are appreciated by their dental colleagues.

This year has been the first full year in which the orthodontic scheme has been in operation. The fact that there is a central clinic for specialised cases has been a great advantage. It appears to have stimulated interest in this work in nearly all the clinics. There is now a nucleus on which a full orthodontic scheme can be built, provided sufficient Dental Officers are available for routine dentistry.

An annual report would not be complete without reference to figures, also some comparisons must be made. The nearest parallel as regards children inspected occurred in 1952. Reference to Table 4 will show that in that year 5,043 permanent teeth were filled compared with 11,175 in the current year. The number of permanent teeth lost by extraction is about the same in both years. It is encouraging to note that the conservation of permanent teeth remains higher than the extractions.

Generally the dental staff has shown a great interest in the work and are doing their best to combat dental decay in the school children of Liverpool. The help and co-operation received from the Head Teachers of the schools visited is of great assistance.

The following table gives details of teeth conserved and extracted since 1947. Any improvement can only be maintained provided the necessary staff is forthcoming."

TABLE 4.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
No. of children examined	100,970	120,540	68,474	56,490	46,166	62,301	123,425	107,125	80,292	65,833
No. of permanent teeth filled	10,127	17,673	11,436	6,076	3,899	5,043	15,091	15,460	10,069	11,175
No. of permanent teeth extracted	11,345	14,118	9,455	7,258	6,927	7,997	11,847	9,367	7,190	7,703

ORTHOPAEDIC SCHEME.

32. There were 938 new cases seen at the orthopaedic clinics in 1956 and 1,616 cases continued their attendances from the previous year. The children made 6,543 attendances at the clinics, including 2,848 for examination by the surgeons and 3,695 for treatment by the physiotherapists. In addition 3,047 treatments were given by the physiotherapists to children at special schools.

From the orthopaedic clinics 163 cases were referred to hospitals for investigation and treatment.

Summary of Hospital Treatment, 1956.

Correction of deformities of feet or toes	...	...	12
Treatment of torticollis by operation	...	...	1
Osteotomy, arthrodesis or tarsectomy	...	...	7
Other operations	...	...	3
Other treatment	...	...	71
			<u>94</u>

33. The accompanying Table shows, in detail, the work carried out at the clinics:—

TABLE 5.

Cases dealt with under the Orthopaedic Scheme during 1956.

	No. of Cases seen at Surgeons' Visits				Total
	Clinic				
	Dingle House	Walton	Everton Road	Garston	
Infantile paralysis.....	17	8	20	6	51
Birth palsy.....	2	—	—	2	4
Spastic paralysis	21	15	37	5	78
Talipes.....	6	7	5	3	21
Spinal curvature	13	18	14	9	54
Torticollis	3	20	10	5	38
Flat feet and knock knees ...	154	460	328	201	1,143
Bow legs	3	14	5	1	23
Other deformities	45	77	104	34	260
Other defects	93	283	248	143	767
No defect found.....	22	36	44	13	115
TOTALS.....	379	938	815	422	2,554

34. Mr. F. C. Dwyer, one of the Orthopaedic Surgeons to the Clinics, comments:—

The chief value of the work lies in the fact that incipient trouble can be recognised and, by adequate care, the development of certain deformities prevented. Parents sometimes consider that they are being brought up unnecessarily because the orthopaedic surgeon has found nothing seriously wrong. As soon as the reason for the clinics is explained to them, however, they understand and feel perfectly happy about it. I am convinced that one could not get this type of co-operation in ordinary hospital clinics because of the crowding and because of the impossibility of reproducing the friendly atmosphere present in all School Clinics.

We all find the School Clinics most valuable in enabling us to follow up, adequately, patients who have had special treatment in hospital. In many instances one just could not expect patients to come, with any degree of regularity, to Alder Hey, but they are perfectly happy to attend clinics which they can reach easily and where they are not kept waiting for prolonged periods.

In conclusion, I would again like to express the appreciation of the visiting orthopaedic surgeons for the co-operation obtained from the School Health Authorities, and in particular to Miss Brown, the Superintendent Physiotherapist and her staff."

MINOR AILMENTS.

35. The minor ailment clinics continue to function as before with the exception that the nurses' duties are now shared by all the nurses attached to the group of schools which attend the clinic. Besides giving variety to the work of the nurses it gives them an opportunity to bring special cases to the attention of their school medical officer.

It is interesting to note the change over the years in the nature of the cases attending these clinics. Over the last 20 years whereas the number of cases attending per year has only dropped from 35,510 to

29,381 the annual attendances have dropped from 419,823 to 154,705. During the same period the number of cases of impetigo has dropped

of the scalp decreased to 34 from 59, verrucae to 366 from 431, scabies increased to 98 from 43, in all cases as compared with the previous year.

UNCLEANLINESS AND NEGLECT.

37. The scheme whereby the cleanliness inspections are carried out by nursing assistants under the direction of a school health visitor continues satisfactorily.

Personal Hygiene.

38. The health visitors made 420,211 examinations of school children with regard to cleanliness, and altogether 19,395 children were found to show some evidence of verminous infestation. In the case of 4,788 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, and 4,205 children were cleansed by parents and 583 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 8,367.

At the routine examinations in the schools 3.45 per cent. of the children were found to show evidence of infestation. The results of the health visitors' cleanliness survey shows that 14.16 per cent., of the children were found at least once during the year to be infested.

39. Miss Snoddon, the Superintendent School Nurse, reports:—

“The number of individual children found infested is 4,000 less than 1955, and is the lowest figure reached for some time.

There is a slow but steady drop in the amount and degree of infestation, but it is not sufficient to justify any lessening in the efforts made, and the scheme for dealing with this problem has been carried out along the same lines.

The examination of all entrants on admission to school, regular hygiene surveys, and the prosecution of parents who are persistent offenders are all factors which have proved helpful in controlling infestation.

A further series of talks on personal hygiene has been given in Senior Girls' Schools in order to teach the girls to be themselves responsible for keeping their hair clean.

The school nurses endeavour by home visits to give all advice, encouragement and help to parents, and it is only with persistent offenders that full powers of the Education Act are used, and then only when the child has a long record, and all other efforts have failed.

As a result of prosecution parents are usually more ready to listen to the school nurses' advice, and there is no evidence of hostility to the school nurses after the parents have been brought to Court.

In the case of parents who are simply indifferent, prosecutions make them aware of the need for constant vigilance, and these children then usually remain free from infestation."

40. That it is necessary to bring pressure to bear upon some parents is illustrated by school nurses' reports which state:—

"Parents on the whole are exceedingly well informed about this condition, its cause, treatment and prevention, and it would appear that the reason for the continual infestation rate is not now due to ignorance, but to a general apathy and familiarity which causes them no embarrassment at all. This is evident in their conversation to the Magistrates when a case is brought forward for prosecution."

"The threat of court proceedings helps to make many otherwise neglectful mothers more careful, and parents who have had court proceedings taken against them are, on the whole, very anxious to avoid any further visits. They seem to realize that the nurse has her duty to perform, and, so far as I know, are not resentful afterwards."

Clothing and Footwear.

41. As might be expected there is considerable variation from district to district and even from school to school in the standard of clothing and footwear. From reading the school nurses' reports the impression

gained is that there is a steady improvement in the clothing and footwear of the children. Seldom are children found to have only Wellingtons for footwear and in most cases stockings are worn. The senior girls are most often the unsuitably dressed, cotton frocks being worn throughout the winter.

The nurses state that where a school uniform is worn the children are most suitably dressed.

Parents still complain of the high cost of leather footwear, in many cases made even more expensive by hire purchase.

Late Hours.

42. Judged from the nurses' reports the heading of this section might be changed to "The evils of television". There is some variation from area to area but their unanimous opinion is that television is affecting children's health adversely, mainly due to late hours. Typical opinions are:—

"In a class of 40 eight-year-old boys, 30 looked pale and tired. These 30 had been watching television the evening before, either at home or in a friend's home. The volunteered statements of their bed times were "half past ten", "when my mother went", and "when the television closed down".

"Late hours have increased due to television. Teachers report children falling asleep at their desks during the day. Almost every house in my district now has a television set, although many of the houses are sparsely furnished."

"Parents do not appear able to exercise enough discipline regarding programmes to be seen.

In some instance mothers have expressed regret at having purchased television sets. Children rush home from school to sit glued in front of the set, often until bedtime. Posture suffers, children are losing the initiative to entertain themselves, and, of course, lack healthy outdoor play."

The nurses are, of course, advising both children and parents of the bad effects of the above. They make two constructive suggestions, that propaganda might be broadcast against children viewing at late hours, and that television engineers when installing sets should explain to the families viewing distances and positions.

Health Education.

43. Health education is a major function of the school health service and is being carried out on all possible occasions by doctors, dental surgeons, and nurses, as they deal with individual children and parents. Advice to a mother based upon the care of her own particular child is probably the very best means of giving health knowledge.

Probably the second best method of health education is the teaching of the child and particularly the senior girls who are the mothers of the next generation. The school nurse giving health talks to the senior girls is now a well established practice in most schools. Usually a syllabus is planned with the advice of the Head Teacher. The context of the talks will vary somewhat from school to school depending upon what other such teaching is being given and also with the needs of the district.

In their reports the school nurses mention how soon they note the results of their instruction. Advice given to the individual child about cleanliness, about wearing glasses, etc., are listened to more intently. "You become a teacher, and they learn why they should be clean, why they should wear their glasses, and why they should do all the other things that nurse is advising them about."

Co-operation with School Attendance and Welfare Department.

Mr. Houghton, the Superintendent of the School Attendance and Welfare Department reports:—

44. "EMPLOYMENT OF PUPILS. The number of children who were engaged in part-time employment during 1956 totalled 3,715—this figure represents a slight increase over that of the previous year. Of this number 1,839 children were examined in order to determine whether or not they were physically able to take up employment. The difference in these two sets of figures represents children who were already in employment prior to 1956. All the children concerned were between the age of thirteen years and under statutory school leaving age. Legal proceedings in respect of contravention of the Acts and Bye-laws made thereunder were taken in 23 cases, and fines ranging from 10s. to 40s. were imposed in 19 cases.

45. STREET TRADING. The Children and Young Persons Act prohibits children and young persons under the age of 16 years from

participating in street trading, but the local Bye-laws prohibit any person under the age of 18 years being so engaged. It is still very necessary for a vigilant watch to be kept in regard to the contravention of the Acts and Bye-laws, and during the year under review legal proceedings were taken in 11 cases when fines ranging from 20s. to 40s. were imposed.

46. CHILDREN IN ENTERTAINMENT. During the year 124 children were medically examined in order to ascertain whether employment in entertainment was likely to prejudice their health, and in this connection the School Attendance and Welfare Section was indebted to the School Health Service for their co-operation in arranging the necessary medical examinations, particularly as many had to be arranged at short notice. It should be mentioned that in order to safeguard the well-being of children for whom licences were issued, it was necessary to supervise closely all children appearing in entertainment whether local or from other areas, this duty being undertaken by Special Officers attached to the School Attendance and Welfare Section.

47. SCHOOL ATTENDANCE. During the year many cases of irregularity and non-attendance, particularly truant cases, were referred to the School Health Section for examination in order to determine (a) whether the child was fit to attend school, and (b) to ascertain whether any psychological factor might be present which would account for truancy. Their valuable co-operation in dealing with these stubborn and difficult cases was of great help to the School Attendance and Welfare Section. Throughout the year quite a number of cases of verminous children were dealt with through the Courts and in practically all instances the serving of Summonses on parents was carried out by Officers from the School Attendance and Welfare Section on behalf of the School Health Service.

48. NEGLECT OF CHILDREN. In the course of visitation of 'problem families' by School Nurses, where conditions of neglect and parental indifference were believed to obtain, reports were received from the School Health Service for investigation by Special Officers, also many cases of children being poorly clad were brought to the notice of the School Attendance and Welfare Section.

In regard to the neglect aspect, whilst the chief object is to take remedial measures with a view to re-habilitating families, unfortunately it was found necessary in 9 cases to take proceedings for neglect under Part I of the Children and Young Persons Act, 1933, of these 6 defendants were sentenced to terms of imprisonment, whilst the Magistrates placed three defendants on Probation. The liaison which exists between the two Sections in dealing with this type of case is very effective, and I should like to express my thanks to the School Health Service for bringing such cases to the notice of the School Attendance and Welfare Section.

School Attendance and Welfare Officers are, of course, constantly on the lookout for cases where children are likely to suffer or have their health impaired as the result of wilful neglect, and a small staff of Special Officers is engaged in visiting this type of case, and where necessary children are removed from their homes to a place of safety. Such action is however not taken unless circumstances compel this course."

CHILD GUIDANCE.

Dr. Leveson reports:—

49. "The only change of staff during 1956 was occasioned by the resignation of Miss Beryl Powell in July 1956.

Attendance.

50. A total of 520 cases attended the Centre during the year for diagnosis, advice and treatment. Of these 226 (143 boys and 83 girls) were new cases.

The number of attendances for treatment were:

(a) Individual psychotherapy	...	...	...	715
(b) Group psychotherapy	...	...	...	300
(c) Remedial teaching	...	...	...	2,834
				<hr/> 3,849 <hr/>

Social Work.

51. The number of interviews carried out were:

(a) At the homes	...	...	...	...	461
(b) At the Centre	...	...	...	...	164
					<hr/> 625 <hr/>

School Visits.

52. Personal contact with schools has continued during the year, and 43 visits to schools have been made.

Grammar School Cases.

53. 10 children attending grammar schools were examined.

Court Cases.

54. There were 29 cases specially examined and reported on at the request of the Magistrates of the Juvenile Court.

Classification of New Cases.

55. The problems of the cases as referred have been classified as under. Many cases present multiple symptoms and could have been classified under several different headings, but in each case the most prominent symptom is listed below.

Nervous Disorders	...	...	...	...	...	...	...	...	12	(5%)
Fears	...	...	...	...	...	...	...	...	7	
(anxiety, phobias, timidity, over-sensitivity)									...	
Depression	...	...	...	...	...	...	...	...	3	
(brooding, melancholy periods)										
Apathy	...	...	...	...	...	...	...	...	2	
(lethargy, unresponsiveness, no interests)										
Habit Disorders and Physical Symptoms	...	...	...	...	...	...	...	...	29	
Speech disorders	...	...	...	...	...	...	...	...	4	
(stammering, speech defects, hysterical aphona, inability to speak)										
Sleep disorders	...	...	...	...	...	...	...	...	1	
(night-terrors, sleep-walking, insomnia, talking in sleep)										
Nervous movements	...	...	...	...	...	...	...	...	3	
(twitching, tics, habit-spasms, head-banging, thumb-sucking, nail-biting)										
Excretory disorders	...	...	...	...	...	...	...	...	17	
(constipation, enuresis, faecal incontinence, refusal to use lavatory)										
Nervous pains and paralyses	...	...	...	...	...	...	...	...	2	
(hysterical paralyses, nervous dyspepsia, pains in limbs, headache, functional deafness, disturbance of sight)										
Fits	...	...	...	...	...	...	...	...	1	
(epilepsy, hysterical fits, periods of unconsciousness)										
Physical disorders	...	...	...	...	...	...	...	...	1	
(allergic conditions, asthma, etc.)										

Behaviour Disorders								95	(42%)
Unmanageable	...	...	...	...	...	...	...	30	
(disobedience, beyond control, persistent negativism, defiance, refusal to work or go to school)									
Temper	...	...	...	...	...	...	...	7	
(tantrums, anger, screaming fits)									
Aggressiveness	...	...	...	...	...	...	...	8	
(Bullying, destructiveness, spitefulness, cruelty)									
Jealous behaviour	...	...	...	...	...	...	...	1	
Stealing	...	...	...	...	...	...	...	25	
Lying and romancing	...	...	...	...	...	...	...	3	
Truancy	...	...	...	...	...	...	...	17	
(wandering, staying out late)									
Sex difficulty	...	...	...	...	...	...	...	4	
(masturbation, sex play, homosexuality)									

Psychotic Behaviour	...	...	...	...	...	...	...	...	3	(1%)
(hallucinations, delusions, extreme withdrawal, bizarre symptoms including violence)										

Educational and Vocational Difficulties								...	...	...	...	...	84	(38%)
Backwardness	...	...	...	...	...	...	...	76						
(mental retardation, school failure)														
Inability to concentrate	...	...	...	...	...	...	...	4						
(day-dreaming, inattention)														
Special disabilities...	...	...	...	...	...	...	...	4						
(high-frequency deafness, word-blindness, handedness)														

[illegible]

Age Range of New Cases.

[illegible]

Intellectual Level.

[illegible]

56. NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES.

1. Diagnosis and Advice	...	...	...	...	...	82	(38%)
(a) General advice to source of reference	...	...				24	
(b) Recommended for Special School for Educationally Subnormal Pupils	...	...	...	...	...	16	
(c) Recommended for Special School for Maladjusted Children, or other residential school	...	...				33	
(d) Recommended for transfer to other clinic or hospital, or to Mental Health Authority	...	...	...			9	

2.	Individual and Group Treatment	...	...	...	...	...	97	(44%)
	(a) Satisfactorily adjusted	...	...	...	...	...	70	
	(b) Improved	...	...	...	...	...	26	
	(c) Not Improved	...	...	...	...	...	1	
3.	(a) *Withdrawn by parents before completion of treatment, or closed for lack of co-operation	...	...	...	...	...	31	
	(b) Closed for other reasons	...	...	...	...	...	8	
							—	39 (18%)
	TOTAL	...	...	...	...	...	218	

*In the past we have been able to follow up, through our Social Workers, parents who were not co-operating with their appointments and to maintain contact with parents who have been quite unable to visit the Centre. The resignation of one Social Worker and her non-replacement has made it impossible for social work to be performed in all its aspects.

Remedial Teaching.

57. 157 children continued or commenced remedial teaching during 1956. Of this number 116 were boys, and 41 were girls. 61 cases were closed, of which 43 had made satisfactory progress and could adjust to the normal work of their class. 14 children, some of whom had to discontinue attendance because of transfer to a residential school, improved considerably; and 4 made slight progress, 2 of these being recommended for special schooling.

At the end of 1956, there was still a long waiting list of children considered suitable for remedial teaching. Some of these had been on this list for as long as a year, in spite of the increased number of children actually receiving such help. This long delay between ascertainment and treatment is most unsatisfactory, and vitiates the efforts that are being made to treat educational backwardness at an early stage.

Co-operation from parents and children has been excellent, although many have had to travel to the Centre from the outskirts of Liverpool. The psychologist has found personal discussions with Head Teachers of the schools attended by the children most valuable, particularly in assessing the suitability of the child for discharge from remedial teaching.

Most of the children have attended once weekly. For the very slow learner, two attendances per week have proved successful. Some children, with only minor disabilities, can benefit from help given at monthly intervals. It is felt that some of the children, now treated at the Centre, who show marked personality deficiencies in addition to educational backwardness, would benefit from full-time special educational treatment, though their level of intelligence is too high for transfer to a special school for educationally sub-normal children.

Of the cases closed in 1956 the following are examples of the benefit derived from remedial teaching:

A.B. was referred to the Centre at the age of 9 years on account of his total inability to read or write, although he was of average intelligence, and quite good at arithmetic. The home background was a very good one, both parents being helpful and anxious to co-operate.

At first, progress in reading was very slow, as the boy found great difficulty in remembering and discriminating letters and words. With regular and skilled help, however, he gradually overcame his reading disability, so that on entry to a secondary modern school he was able to hold his own in class and take a full part in school life.

C.D.—a boy aged 9 of average intelligence and good background—was seen at the Centre on account of general educational backwardness, particularly in reading. The main cause of his retardation was lack of interest and concentration in class, arising from emotional immaturity. This boy responded very quickly to remedial teaching, his reading age rising from $6\frac{1}{2}$ years to $8\frac{1}{2}$ years within the space of 6 months. Now that he is able to read books, he is showing much more interest in the work of his class.

Group Play Therapy.

58. Until August 1956, 4 separate play group sessions, catering for children mostly between 5 and 10, were held. Owing to the shortage of staff, only 2 play group sessions have been held since then.

35 children have attended these groups, of whom 23 have been discharged. 19 of the latter showed evidence of progress in their emotional and social development. The remainder are still attending the Centre.

Regular discussions with the parents are an essential part of group play therapy, which has proved particularly appropriate for children

(a) who are emotionally immature and markedly lacking in confidence;

(b) who cannot make satisfactory contacts with other children either because of over-aggressiveness or excessive shyness.

G.H. (aged 8 years 9 months), a girl of dull intellect, could not stand up for herself, was very afraid of the dark, and was extremely sensitive and self-conscious. In the play group, she responded well and gradually became more sociable and self-confident. The mother, whose own attitude seemed to be partly responsible for the girl's nervous behaviour, was given advice and helped to a better understanding of her own part in the situation.

Social Work.

59. The function of the Social Worker in the Child Guidance Centre team is three-fold:

The most important of these is visiting the homes of new cases for the purpose of investigating the background and history of the child concerned. This involves a lengthy discussion of the problem with the mother, and also gives an opportunity for the Social Worker to give her a complete explanation of the exact nature and function of the Child Guidance Centre in relation to her particular problem. This is extremely useful as frequently the mother has had no previous explanation of the mysterious term "Child Guidance" and might be both puzzled and upset at the referral. Once the Social Worker has established the role of the Child Guidance Centre as an impartial means of helping solve her problem, it is quite rare for a mother to be unco-operative.

Secondly, the Social Worker takes part in some aspects of the therapeutic side of the Centre's work, such as play therapy. Regular attendance of selected children at play groups also gives her an opportunity for interviewing mothers in order to advise and re-assure them. The Social Worker always tries to be available for any mother who wishes to come along and discuss any problems troubling her regarding her child, and in this way close relationships are established between mother and Social Worker.

The third aspect of the Social Worker's task is following up and assisting treatment by maintaining liaison between the Child Guidance

Centre and any other clinics or agencies involved with the child, such as the Probation Office and the Children's Department.

With the constant growth of the caseload, the Social Worker's job is always varied and interesting.

Liaison with Residential Schools.

60. The liaison between the Child Guidance Centre and Aymestrey Court has continued. The educational psychologist makes regular visits to the school for testing and remedial teaching. Dr. Muriel Andrews continues to visit Aymestrey Court regularly, and if necessary, children are brought to the Centre for examination.

We have continued to give lecture/demonstrations to students of the Departments of Education and Psychology of the University of Liverpool, and other teacher training colleges.

The clerical work of the Centre continues to be admirably performed by Miss Milne and Miss Keay."

61. The Director of the Notre Dame Child Guidance Clinic reports as follows:—

"The work at Notre Dame Child Guidance Clinic continues on the lines described in previous years, with children receiving individual psychotherapy, play therapy in small groups, an adaptation of occupational therapy, remedial teaching, and speech therapy, and with regular psychiatric social work proceeding with the parents.

It may be interesting to describe the treatment of four children, chosen because they seem to form a natural group for comparison and contrast. The children were all between $11\frac{1}{2}$ and $12\frac{1}{2}$ years old, all highly intelligent and all came from roughly similar background. In each case the problem, which was a severe one, lay in the relationship of the children with parents or parent substitutes and two of the children had been adopted. All four were considered suitable for fairly long term psycho-therapy and were seen for 40 minutes once weekly for a period of between 12 and 18 months. At the end of the year 3 children were very much improved and one much improved. Although it is the treatment of the children that is described, the parents or substitutes were also seen by the psychiatric social worker during the same period, so that the results are to be attributed to the combined treatment.

CASE 1. Girl. This patient very quickly chose her play medium, which was the large, well equipped doll's house, but at intervals during her treatment, usually at times where some change or advance had

occurred, she decided to paint. From the start she was very lively and fluent in her play, using a running commentary with conversation between the characters in her stories. Straight away she set the theme of her own problem, connected with the suspicion that her "mother" was not her real mother. Two mothers appeared in most of her scenes, carrying out different roles and there was a secret room in the house where fear lived. Sometimes there were two children, herself and her other self, with many phantasies. She indicated her attitude to the therapist by including episodes where a doctor or a nurse played a prominent part. Also her paintings were usually concerned with her status in therapy or her attitude to the therapist. Thus, an early painting was of a girl walking alone through a pretty garden, with a watering can in her hand, but there were dark clouds all around. Later she used the garden theme again, but this time the girl was being led forwards by a person who was helping her, and the shadows lay behind her, and finally she did a painting of a dream which she had had where she was walking through a beautiful garden in full sunshine with her mother beside her. This girl made her own interpretations to these paintings, and once remarked to the therapist, "I am really always talking about you when I paint". Indeed she showed throughout a marked aptitude for linking events in the treatment sessions and making interpretations, and for dealing with those made by the therapist. These she used in her play, always making it plain whether she accepted or rejected them. Sometimes she reintroduced those which she had rejected previously, usually accepting them in a modified way.

During her treatment this girl came to know the truth about her birth, and reached a really good, and loving understanding with her foster mother. She was considered to be very much improved.

CASE. 2. Girl. This girl was involved in extremely complicated home relationships, on account of which her relationships with women tended to be bad.

She showed her antagonism to her female therapist at the start by refusing to verbalise except on a very superficial basis. However, she soon found intense pleasure in the employment of some of the materials in the playroom, particularly sand, plasticine and paint. She used these in a very childish primitive way at first, but as she gradually became aware of their possibilities she became quite excited and used them more constructively and imaginatively. She did not at first verbalise her reactions to her efforts but instead began to do at each session a series of finger paintings, each succeeding one a comment on the last. From this she began doing bold free style painting, but now,

instead of a series, she would superimpose one painting on another. Although she talked freely about the paintings, here too she was indicating that, while she was now accepting the therapist more and playing her game, she was still somewhat hostile, as she knew the paintings were kept as a record.

As she went on she allowed herself more skilfully to adapt her paintings to fit new thoughts, so that the final composite picture was quite a recognisable scene. Also from using only animals, usually horses, in her earlier pictures, later she began to paint people. The men were generally stereotyped figures, but the women were very clear cut characters and she usually altered them several times during the session.

Just before Christmas, she suddenly spent a whole session painting an enormous Christmas cake for the therapist, showing by the decorations she put on it that the therapist was now accepted as a helper. After this she brought puppets to the table and assigned the therapist a role, and herself played several parts. From this point treatment proceeded at a very quick pace, and two months later treatment was terminated and the girl considered very much improved.

CASE 3. Boy. This patient verbalised so fluently and seemed so happy talking from the beginning that no attempt was made to introduce him to any of the play materials. He simply sat across the table from the therapist and talked. He realised right from the start that he was there to talk and he spoke at first about his two main safe interests, carpentry and cats. He frequently brought tools or work he had done, and often talked while inserting or removing screws, and so on. Through his interesting and acute observation of cats, all the intricacies of human relationships were explored and he would pick up comments or interpretations and toss them up and down for a moment like a ball, before sending a ball of his own spinning back at the therapist. He brought a tremendous enthusiasm to his treatment sessions, and he would often be in full spate of talk before he had sat down in his seat or taken off his school satchel. He commented, much as an adult patient might, "strange how just talking can make you feel so much better". He also was considered very much improved.

CASE 4. Boy. This patient was extremely nervous and inhibited at the start of treatment, and in the early sessions it was often almost impossible to hear his low-toned words. After preliminary explorations in the playroom, he used the large sand tray on almost every visit,

making each time a play consisting of from five to seven scenes. As he went on he developed two themes; the first was of the conflict between the civilised and the savage feelings in people, and his fear of the savage feelings in himself and in others, (his own problem was concerned with aggression and inhibition). The second theme was concerned with his own difficulty in assuming a masculine role. As time went on he made it clear that he was working on these plays in his mind during the week as well as during his hour at the clinic. He brought materials from home, and was always ready to begin his scene the minute he reached the sand tray. Sometimes in comparing the present scene with a previous one, he would say, 'Oh no, that was in one I thought out at home.'

He began gradually to give a sort of running commentary of what was happening, but at times when things got too exciting he would wave his hands and say, 'You know all about it.' His scenes became more vivid and less stereotyped, instead of cowboys, and Indians and space-men, he used African settlers, and natives, wild and tamed animals, and later modern civilised communities. Finally he switched to the doll's house, where he depicted family life, at the same time solving partially some of his own problems.

Although this boy was very much improved as far as his relationships at school were concerned, as his relationships with his family were still not completely satisfactory, he was considered only much improved."

TUBERCULOSIS.

62. Dr. J. A. Rushworth, the Assistant Senior Medical Officer (Tub.), supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease.

TABLE 6.
Tuberculosis Notifications, School Children (5—15 years).

	1928	1938	1948	1949	1950	1951	1952	1953	1954	1955	1956
MALES—											
{ Respiratory ...	215	59	36	42	56	46	78	64	58	37	43
{ Non-Respiratory	122	55	33	32	21	26	19	16	16	11	5
FEMALES—											
{ Respiratory ...	192	58	43	35	57	55	83	66	56	45	45
{ Non-Respiratory	122	63	16	31	20	21	16	11	12	12	8
TOTALS ...	651	235	128	140	154	148	196	157	142	105	101

DEATHS.

	1928	1938	1948	1949	1950	1951	1952	1953	1954	1955	1956
MALES—											
{ Respiratory ...	12	3	2	2	1	—	—	—	—	—	—
{ Non-Respiratory	19	5	9	6	2	1	14	—	—	1	—
FEMALES—											
{ Respiratory ...	25	8	6	2	1	2	1	1	—	2	—
{ Non-Respiratory	22	6	7	7	6	4	3	2	1	1	—
TOTALS ...	78	22	24	17	10	7	18	3	1	4	—

63. The arrangement by which the school health staff carries out the B.C.G. vaccination of school children has continued. Head Teachers have continued to give their co-operation in this work.

The parents of 13,492 eligible children were circulated and of these 8,921 (66 per cent.) gave their consent. Upon tuberculin test 28 per cent. were found to be positive, and 71 per cent., who were found to be negative, were vaccinated. Of 5,365 children tested after vaccination, 5,301 or 98·8 per cent. converted. Children re-vaccinated numbered 13, two of whom failed to convert.

Whenever the service learns of a case of pulmonary tuberculosis occurring amongst school children, or adults in contact with them, such as teachers, nurses, or caretakers, all contacts are investigated.

With the consent of parents, children are tested by the tuberculin jelly test, and if indicated, retested in a few months. Positive cases are X-rayed and are referred to the chest clinics if indicated. The home contacts of all positive cases are investigated.

During the course of the year investigations were carried out in 10 schools.

MISCELLANEOUS ITEMS.

(a) Infectious Diseases in Schools.

64. Table 7 and 8 show the numbers of cases of infectious diseases in school children in relation to age, and in relation to seasonal distribution :—

TABLE 7.
SCHOOL CASES OF INFECTIOUS DISEASE OCCURRING DURING 1956.
AGE DISTRIBUTION.

Disease.	Under 5	6	7	8	9	10	11	12	13	14	15	Total
Suspected Diphtheria...	5	1	1	5	—	—	—	2	1	—	—	15
Measles	1,192	633	106	49	30	16	8	2	4	3	1	2,044
Scarlet Fever	125	106	47	43	24	13	14	4	8	3	—	387
Whooping Cough	390	178	61	25	25	7	6	9	1	1	—	703
Dysentery	77	48	25	36	21	16	7	11	5	9	2	257
Chickenpox	13	8	11	6	4	1	2	2	2	1	—	50
Polioomyelitis	3	2	—	2	2	—	3	1	1	1	—	15
Mumps	2	1	1	1	—	—	—	—	—	—	—	5
TOTAL	1,807	977	252	167	106	53	40	31	22	18	3	3,476

TABLE 8.
SCHOOL CASES OF INFECTIOUS DISEASE OCCURRING DURING 1956.
MONTHLY DISTRIBUTION.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Suspected Diphtheria ...	1	2	2	—	1	3	1	—	—	2	3	—	15
Measles ...	13	80	58	67	251	345	388	131	69	160	201	281	2,044
Scarlet Fever ...	28	31	38	15	31	29	36	9	13	39	60	58	387
Whooping Cough ...	44	28	28	56	48	100	84	71	71	48	68	57	703
Dysentery ...	20	19	15	23	45	35	30	10	13	16	19	12	257
Chickenpox ...	4	2	17	7	6	6	2	2	1	1	—	2	50
Poliomyelitis ...	—	—	—	1	—	1	3	3	—	6	1	—	15
Mumps ...	—	—	—	—	—	—	1	1	—	—	1	2	5
TOTAL ...	110	162	158	169	382	519	545	227	167	272	353	412	3,476

(b) Immunisation and Vaccination.

65. The arrangements made in previous years, for the inoculation against diphtheria of children attending schools, were continued. Visits were paid to 121 schools, a total of 2,070 children being inoculated and 4,375 previously inoculated children receiving reinforcing injections. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City, while an increasing number of children are being inoculated by their own doctors.

The proportion of children aged 5-15 years inoculated at the end of 1956 was 82·7 per cent.

66. The percentage of unvaccinated children amongst those examined at the periodic examinations in 1956 was 43·9 per cent.

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. The present percentage of unvaccinated is the highest recorded.

The percentages for the years under consideration were:—

In 1909 the percentage was	6·1
„ 1915 „ „ „	7·1
„ 1920 „ „ „	not available
„ 1925 „ „ „	16·3
„ 1930 „ „ „	19·1
„ 1935 „ „ „	22·7
„ 1940 „ „ „	23·4
„ 1945 „ „ „	31·0
„ 1950 „ „ „	34·8
„ 1951 „ „ „	35·3
„ 1952 „ „ „	not available
„ 1953 „ „ „	37·0
„ 1954 „ „ „	41·2
„ 1955 „ „ „	41·9
„ 1956 „ „ „	43·9

(c) Defects Amongst School Entrants.

During 1955 an investigation to ascertain the number of school entrants with defects that were either not known to the parent or if

known had not been treated, was carried out. This investigation only covered about one third of the entrants but did reveal many such defects.

During the year under review this investigation continued and covered a total of 14,732 entrants to infant and nursery schools. There were discovered 1,781 such defects. Many of the defects were of a minor degree and others of such a nature, such as 125 of defective vision, that it was not surprising that they had not been previously noted. On the other hand numbers of relatively important disabilities were discovered such as squint 322, otitis media 33, heart affections 158, hernia 68 and flat foot 158.

(d) **Children and Young Persons Act.**

68. In accordance with the provision of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere were submitted in 1,654 cases.

The Magistrates asked for special medical examinations to be carried out by the Education Authority in 58 cases for the following reasons:—

Ascertainment of Mental Ability	...	...	...	...	15
Maladjustment	...	...	...	...	39
Other	...	...	...	...	4
					—
					58
					—

(e) **School Premises.**

69. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises.

Sanitary improvements	...	...	...	...	22 schools
Playground repairs	...	...	...	...	8 „
Improvements and repairs to heating installations, etc.	...	...	...	...	9 „
Electrical Installations	...	...	...	...	9 „
Miscellaneous improvements, e.g., classrooms, cloak-rooms, windows, floor coverings, etc.	...	...	...	...	36 „
New heating boilers	...	...	...	...	13 „

70. The City Architect also reports that improvements have been carried out in regard to ventilation, heating and sanitation, etc., at the following schools:—

Liverpool Collegiate
 Heygreen Road
 St. Silas's C.E.
 Clint Road
 St. Margaret's C.E. (Anfield)
 St. James's Secondary Modern

(f) Candidates for Admission to Teachers' Training College.

71. In March, 1952, the Ministry of Education placed the responsibility upon the School Health Services of Local Education Authorities for the examination of candidates for admission to teachers' training colleges.

During 1956, 338 of these candidates were examined by School Medical Officers and their X-ray examinations were carried out at the Mass Radiography Unit in Liverpool.

Eight candidates were referred to a consultant for an additional opinion before the final decision was made as to their suitability and five were found to be unfit for training.

NURSERY SCHOOLS AND CLASSES.

72. The following information has been supplied by Miss Rosbottom, Adviser for Infant and Nursery School education :—

“The year 1956 has seen a reduction in the number of Nursery Schools operating in the City. The pressure on the accommodation in Schools for boys of Primary School age increased to an extent which necessitated the closure of the Everton Terrace Nursery School (ninety children). The nursery children were transferred to two nursery classes (sixty children) accommodated on the ground floor of the Prince Edwin Infants' School. This means that the total accommodation provided for Nursery age children has been reduced by thirty children. It is to be noted however that, due to the fact that the Everton Terrace Nursery School was housed on the first floor of a very large building, the conditions for the welfare of the children have been of some concern to the Committee for some years. The demand for admission to Nursery Schools and Classes maintains its usual high level and the necessary selection is based on the needs of the children concerned.

Training Centres.

There has been an addition of two nursery classes at Wellesbourne Road Infants' School to the number of Nursery Schools and Classes which train students, in conjunction with the Mabel Fletcher Technical College for the National Nursery Certificate of the Royal Sanitary Institute. There are now nine Training Centres in the City, comprising all the Nursery Schools (six) and three Infants' Schools with Nursery Classes. At the examinations held in 1956 a hundred per cent. of the students successfully completed the certificate. Unfortunately the supply of Qualified Teachers for work in Nursery Schools and Classes is still inadequate and this position has precluded the re-opening of Nursery Classes which had to be closed due to the pressure on accommodation by children of five years old.

The happy relations between the Medical Officers, School Nurses and Maternity and Child Welfare Nurses and the Teachers, continue to work for the full development of the children. The Nurses give much help to the Superintendent and Heads in providing information about the home background of the children in addition to the general advice given during their visits to the schools. This help is very much appreciated by everybody concerned.

The Meetings of Mothers' Clubs and the daily contact between the Nursery Schools and Classes and the mothers, provide for the children a sound relationship between school and home. The mothers benefit as well as the children, as contact with people trained in the all round development of the children proves of great value to them."

73. Miss Snoddon, the Superintendent School Nurse, reports:—

"The School Nurses work in close liaison with the Head Teachers in the Nursery Schools and Classes, and give them advice on children found with physical defects, those absent from the Nursery, and any other medico-social problem.

All new entrants are examined on admittance, and this gives the school nurse an opportunity to detect defects early and obtain treatment promptly.

The standard of child care is satisfactory in the Nursery children, as mothers are usually particularly anxious over the health of children of this age, and the opportunity given by the Nursery training and

Defect or Disease.						Requiring Treatment	For Observation
NERVOUS SYSTEM	...	...	Epilepsy	...	...	—	—
			Others	...	...	—	6
PSYCHOLOGICAL	...	...	Development	...	...	—	9
			Stability	...	...	—	3
RHEUMATISM	...	...	Chorea	...	...	2	—
NON-PULMONARY T.B.	...	...	Glands	...	...	—	4
			Bones and Joints	...	...	—	—
OTHER DISEASES AND DEFECTS			Debility	...	...	6	24
			Anaemia	...	...	—	2
			Others	...	...	5	41

HANDICAPPED PUPILS.

Blind Pupils.

75. Liverpool blind children are accommodated in various schools, as shown in the Table below, since no special school is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	8
St. Vincent's R.C., School for the Blind, West Derby	...	...	...	...	9
Sunshine Homes	...	...	...	...	6
Henshaw's School for the Blind, Manchester	...	...	...	...	1
Condoover Hall Blind Special School	...	...	...	...	3
Royal Normal College, Rontoncastle, near Shrewsbury	...	...	...	...	2
					—
					29
					—

76. An examination of the causes of blindness has been carried out on the children who were at Schools for the Blind in 1956. These children have been compared with children who were in Schools for the Blind, in 1936.

Below is a list for comparison of the various causes. The outstanding facts which emerge are:—

- (1) the total disappearance of blindness due to ophthalmia neonatorum in 1956 compared with the eight cases of 20 years before;

- (2) the entire disappearance of blindness due to interstitial keratitis which is a result of venereal disease in the parents;
- (3) the appearance in 1956 of a large group of blind children as a result of retrolental fibroplasia. This disease appears in premature infants whose lives have been saved by the use of oxygen, but, it is now realised, in excessive quantities. There is no record of any similarly affected child in 1936 when a much larger number of these premature infants died.

Blind Children.							1936	1956
Corneal Opacity (Ophthalmia)	...	...	...	...	...	...	8	—
Corneal Opacity (Injury)	...	...	...	...	...	...	—	1
Optic Atrophy	...	...	...	...	...	...	6	9
Congenital Cataract	...	...	...	...	...	...	6	4
Hereditary Macular Degeneration	...	...	...	...	...	...	1	3
Retinitis Pigmentosa	...	...	...	...	...	...	1	—
Congenital Nystagmus	...	...	...	...	...	...	2	2
Congenital Nystagmus with Myopia	...	...	...	...	...	...	1	1
Myopia	...	...	...	...	...	...	1	—
Interstitial Keratitis	...	...	...	...	...	...	2	—
Glioma	...	...	...	...	...	...	2	2
Retrolental Fibroplasia	...	...	...	...	...	...	—	17
							30	39

Partially Sighted.

77. There are now 71 children in the Partially Sighted School. Dr. Black, one of the Committee's Oculists, who supervises these pupils has reported as follows:—

“The School for the Partially Sighted at Wellesbourne Road appears to be giving these handicapped children a great educational advantage. A number of the children have recently been examined to see if they would benefit from a new type of short focal length magnifying lens which can be worn in a spectacle frame and so leaving the hands free. A trial pair is about to be made for one of the children to see how she gets on with them.”

78. An investigation into the causes of “Partial Sightedness” in the children at present attending the School for Partially Sighted Children during 1956 has been carried out, and a comparison made with the

causes obtaining in 1936. The outstanding facts which emerged are the complete disappearance of defective vision resulting from venereal disease in the parents, and the reduction in cases of opacity of the cornea following injury or infection. Both these remarkable reductions may be attributed to the use of antibiotics for combating infection. The reduction in the number of cases of high myopia in which it has been thought necessary to admit the child to a special school, may be attributed to a change of view, as to the necessity of these children being restricted in their activities because of the supposed danger of the increase of short-sightedness and detachment of the retina.

Present day opinion tends towards the belief that provided a child is wearing glasses, which result in adequate correction of vision, there is no reason why the high myope should not attend an ordinary school. It appears unlikely that the danger of detachment is greater at an ordinary school than at a special school, provided reasonable precautions are taken in the type of physical education and games in which the child indulges. A table follows giving the causation and numbers in the two years under review:—

Partially Sighted Children.	1936	1956
Congenital Cataract	8	7
Congenital Nystagmus	3	12
Congenital Nystagmus with myopia	26	12
Congenital Nystagmus with albinism	1	11
Traumatic and Inefective—		
Corneal Opacity	11	1
Primary Optic Atrophy	3	3
Primary Optic Atrophy Familial	—	5
Hereditary Retinitis Pigmentosa	1	1
Hereditary Macular Degeneration	8	4
High Myopia	25	7
Ophthalmia Neonatorium	3	—
Interstitial Keratitis	4	—
	93	63

79. Miss A. T. Cameron, the Head Mistress of Wellesbourne Road Special School, reports:—

“The number of children now on the school roll is 71, in about a proportion of two boys to one girl. Of 24 admissions 19 were of infant school age.

Average attendance during the year has been well over 80 per cent. in spite of one or two truants. Apart from the wintry weather conditions in January, the chief causes of absence have been bronchitis, colds and sore throats.

There were two medical inspections during the year—one in June and one in November. Doctor noted the fine physique of the majority of our pupils.

The excellent work of our school nurse has resulted in almost 100 per cent. clean heads and bodies. Her contacts with the homes and parents are invaluable both in securing good attendance and in helping to maintain healthy standards of living and suitable clothing.

Dr. Black, our ophthalmic consultant, has paid us his usual two visits during the year to inspect the children in their school setting. As a result, he recommended that four of them could return to their normal schools. Dr. Black is always most helpful and interested in our work and is always on the look-out for ways to assist the children in better use of visual material. The unsuitable frames of many children's glasses is a real problem. Frequently, lenses fall out and break on the floor through no fault of the children, causing unnecessary hardship and expense.

Academic work continued progressively; we took part in the Annual Folk Dance Festival, the Athletic Festival, the Swimming Gala and the Southport Outing; one or two educational visits were well worth while and the Philharmonic Concerts for school children were much enjoyed as usual.

We owe our thanks to the Head Master and Domestic Science Mistress at the Margaret Bevan School for having a class of our senior girls one day a week for cookery and housewifery, and to the Head Mistress and Woodwork Master at Fazakerley Open Air School who allow our senior boys to spend a morning a week there doing woodwork. These practical activities and wider social contacts are very valuable.

As always, we owe our gratitude to Miss Leicester of the Youth Employment Bureau, for her consistently wise advice to our school leavers, who are often difficult to place, because the 'partial' handicap is somewhere between normal vision and blindness, and, is therefore, difficult to assess in terms of suitable jobs. Nine pupils left this year to start work in various fields.

We retain close and happy links with our old scholars by letters, by Annual Reunion at the end of the Christmas Term, and by visits, either when they come to see us or when we feel that a visit to their homes would be desirable.”

Deaf and Partially Deaf.

80. At the end of the year 1956 there were 117 deaf pupils and 59 partially deaf pupils attending Crown Street School for the Deaf, of whom 90 deaf and 52 partially deaf were Liverpool children. There were also 7 deaf children attending voluntary schools for the deaf.

There were also 107 partially deaf children in ordinary or other types of special schools. Of this number 55 were equipped with hearing aids, 46 in ordinary schools and 9 in other special schools, and 52 had special tuition in lip-reading.

The number of children awaiting admission to the school for the Deaf was 19.

81. Mr. Newport, the Head Master of the School for the Deaf, Crown Street, reports:—

“Throughout the year further progress has been maintained in adding to the equipment and facilities provided for the education of deaf children.

Two more rooms have been fitted with acoustic tiles so that more benefit is gained from the use of individual and group hearing aids.

A special group aid, with seven microphones, output stress light indicator, and moulded ear insert receivers has been installed, and has been of great use for one of the partially deaf classes.

The North West Parents of Deaf Children's Association has presented the school with an auditory training aid. This powerful hearing aid has been doing good service during individual instruction with very young profoundly deaf children.

The pre-school age training continues to run in conjunction with the nursery children. The small monopack transistor aids are being worn very readily by the young children, who soon learn to ignore them as they continue with their activities.

It is planned to adapt a further room especially for assessment and conditioning for assessment of very young children. This is a very

important aspect of the work being carried on at the school and it is most satisfactory to be able to report that early notification of possible deafness in very young children is being made to the School Health Department, in increasing numbers.

One of the girls who is partially deaf and who has never attended any other school, passed the 11 plus examination. She is attending St. Hilda's Secondary Commercial School, and visits the school, together with other deaf girls for speech and voice production; also help is given to overcome personal difficulties that may have arisen in their school activities.

The classes for lip-reading to assist children, from normal schools, who suffer from some deafness continue to be held in the annexe. The children attending them bring along their Medresco individual hearing aids. These useful aids are gradually being accepted for general use and children are ceasing to look upon them as an embarrassment.

The school nurse in attendance at the Crown Street School for the Deaf also keeps under observation children wearing hearing aids who are attending an ordinary school. This is to ensure that the hearing aid is kept in repair, that it is worn regularly, and to report on the child's progress in school."

Epileptic Pupils.

82. The Committee has no residential school for epileptic pupils. The 21 epileptic pupils at the end of the year were placed as follows:—

Maghull Home for Epileptics	...	...	...	...	...	5
Colthurst School for Epileptics	...	...	...	...	...	14
Sedgewick House for Epileptics	...	...	...	...	...	1
Awaiting admission to Epileptic School	...	...	...	...	...	1
						<hr/>
						21
						<hr/>

During the course of the year a special investigation has been conducted into the frequency and distribution, according to severity, of this handicap in children who have been divided into the same groups as those used by the Sub-Committee on the Medical Care of Epileptics set up by the Ministry of Health.

GROUP 1 contains those children whose attacks with or without treatment are infrequent, and who show no significant intellectual defect or behaviour disorder. These children are all attending ordinary day schools without detriment to themselves or other children. This group has been sub-divided as follows:—

(a)	Having treatment and under satisfactory supervision, but still having occasional attacks	...	...	...	87
(b)	Having treatment and under satisfactory supervision. No fits for one year or more	...	...	...	42
(c)	Not having treatment but under satisfactory supervision. Attacks reported within the year.	...	...	...	31
(d)	Not having treatment but under satisfactory super- vision. No attacks reported within one year	...	...	...	16
(e)	Not having treatment but under satisfactory super- vision. No attacks reported within two years	...	...	...	21
(f)	Not having treatment but under satisfactory supervision. No attack for three years or more	...	...	...	40
					<hr/> 237 <hr/>

GROUP 2 contains those children who, in addition to epilepsy, suffer from a significant intellectual defect, and/or physical disability. These children are accommodated at day and residential schools for educationally sub-normal or physically handicapped children. This group has been sub-divided as follows:—

(a)	Children still on treatment and under satisfactory supervision, but still having attacks	...	...	...	37
(b)	Those not on treatment but under satisfactory super- vision. No attacks for one year or more	...	...	...	8
					<hr/> 45 <hr/>

GROUP 3. This group contains those children with epilepsy, without significant mental defect but in whom the severity of attacks or associated behaviour disorder, is such that they cannot be educated either in an ordinary school or special school for the educationally sub-normal or physically handicapped. These children are accommodated in boarding special schools for “epileptic pupils”. The number of such children is 20.

GROUP 4. This group is reserved for those children suffering from frequent epileptic attacks or severe behaviour disorders which are difficult or impossible to control by treatment. The investigation has revealed no child who is “educable”, within the meaning of the Education Act, who falls into this category.

These figures show that the frequency of epilepsy in the Liverpool school population is 2.24 per 1,000 children. Four fifths of this number are regarded as fit to attend ordinary schools, and of the total of 302 children only 20 require education in boarding special schools as “epileptic pupils”.

Delicate Pupils.

83. The number of delicate pupils on the rolls of each of the three day open-air schools at the end of the year was as follows:—

Fazakerley Open Air School	...	...	...	...	260
Underlea Open-Air School	...	...	...	...	174
Margaret Beavan Open-Air School	...	...	...	...	73

Miss Tunncliffe, Head Mistress, Fazakerley Open Air School, reports:—

“Out of the ninety-six children who left the school during the year, sixty-five returned to ordinary schools, thirteen left to take up employment, ten were transferred to schools for the educationally sub-normal and eight to other special schools.

During the same period, ninety-five children were admitted of whom twenty-three were of infant school age, fifty-six were juniors and sixteen were seniors. It is good that so many of the children admitted are young enough to have a period of rehabilitation at an open air school and yet be able to return to an ordinary school to continue their education.

Most of the children admitted suffer from chest complaints and fifty-five children at present attend the surgery daily for postural drainage and exercises. It would appear that this part of the treatment can be of inestimable value to these children and it is necessary to convince the parents that it should be continued at home during the weekends and holidays.

Late hours and overcrowding are still the two main factors which militate against the health and educational progress of the children. The advent of television has accentuated the problem of insufficient sleep.

The average attendance for the year was 77 per cent. It is inevitable for the attendance of delicate children to be irregular owing to poor health and clinic attendances, but the reasons given for absence are often inadequate as proved by the visits of the school nurse who habitually find no-one at home. The nurse's visits, even if it is only possible to leave a note, usually result in the child returning to school or a message being forwarded.

On the whole the children's clothing is adequate except for footwear. This is shoddy and hardly worth repairing and only the most expensive shoes are weatherproof.

The provision of a good main meal at the low cost of 6d., is of great importance to delicate children and is appreciated by many parents.

There is still some prejudice among parents and others against the education offered by the special schools. It is assumed that the educational standard is lower than in the ordinary schools, partly on account of the emphasis on health and the shorter school day. It must be admitted that many of the children are retarded but not always of low mentality. As in any school where grading is not possible, there is a wide ability range in each class and it requires great skill to ensure that every child is given the help he needs. In this connection, testing by the educational psychologist is of great value to the teacher.

The withdrawal, during the English period, of the most backward children for remedial reading is immensely successful for those children whose attendance is regular. Moreover the class teacher is thereby enabled to make progress with the more able children.

Two Old Scholars' Socials were held during the year and were very much enjoyed. As all the staff is present on these occasions it is possible to make contact with all who come, and the information gathered in casual conversation is interesting and instructive.

In July 40 boys and girls with 4 members of the staff spent a week at Colomendy Camp School. So much benefit is derived from these visits that members of the staff have wished that the whole school might have the opportunity of living for a period in such excellent surroundings. Perhaps the most memorable excursion during the week was to the Folk Dance session at the International Eisteddfod at Llangollen. A group of children from the school joined the Colomendy party on that occasion.

The Folk Dance Festival held at Fazakerley School on May 24th, was a very happy social function for eighteen special schools in the Merseyside area.

At all times the welfare of the children is the main concern of all members of the staff—medical, teaching, domestic, and clerical."

84. Mr. W. F. McMenamin, the Head Master of the Underlea Open-Air School, reports:—

“There has been no radical change in circumstances relating to health at the school since 1955.

The average number of pupils remained at 175. The age groups were in the proportion :—secondary 25 per cent. ; junior 55 per cent. ; infants 20 per cent. The proportion in 1955 was 40 per cent., 40 per cent. and 20 per cent. respectively. Only 30 children left the school to resume normal school life during the year, and 5 for work. This is roughly one third of the figure for 1955.

Disabilities.

The majority of the pupils suffer from chest maladies, as shewn below :—

Asthma	...	...	...	...	...	...	...	34
Bronchitis	...	...	...	...	...	...	...	26
Bronchiectasis	...	...	...	...	...	...	...	29
Phthisis : arrested		...	...	...	...	...	...	11
								<hr/> 100 <hr/>

Treatment continues to be regular daily postural drainage for 30 bronchiectic children, and a scheme of daily breathing exercises has been evolved for the asthmatics.

An experiment is being carried out with all senior pupils during the daily rest period. These children recline on chairs and follow simple, quietly given instructions to relax tension. Clay-kneading, ‘doodling’, and reading are used as aids to relaxation, but, after practice, are voluntarily stopped after the first five minutes. The results are encouraging.

A thirteen-year-old asthmatic boy, through the co-operation of the International Help for Children and the British Asthma Association, was treated at La Bourboule Spa in France for three weeks in September, all expenses being borne by the two bodies. There was a marked improvement both in chest and skin, which seems to be fairly well maintained.

Attendance.

During the year attendance averaged 80·7 per cent. of the number on roll. This is 2·7 per cent. better than 1955. For this type of school

this seems a good attendance, and would be better but for the previously observed phenomenon of low Friday and Monday attendance. The average attendance for Fridays throughout the year was 2·7 per cent. lower than the general average, and for Mondays 1·4 per cent.

Medical Examinations: Home Conditions.

Over 300 medical examinations were carried out during the year. My impression is that there was improvement regarding individual social problems, with which is connected the improvement in housing conditions in the south end of Liverpool. From the routine visits of nurse, it is clear that very few of the pupils live in really bad houses, and while a good house may not be synonymous with a good home, it certainly tends that way.

There is still need for improvement in clothing with a small minority, and the cause is not usually poverty. A small number have been referred for assistance to the School Welfare Department, and investigation in all cases has shown adequate means. The children referred to are not sensibly dressed; pumps, cotton underclothing, and cotton frocks, have been worn by certain children throughout the winter. The purpose was expressed in two instances as being to 'harden' the child, an erroneous and dangerous notion.

Dental Work.

A full dental inspection was carried out in January by Mr. Winstanley, and all necessary work completed in March.

Further work to keep the school in good a state of dental health has been completed at the dental clinics.

Structural Improvements.

The addition of seven wash basins has improved arrangements considerably at washing times."

Physically Handicapped (Day Schools).

85. At the end of the year 152 children were in Hospital Schools, 120 at Alder Hey Hospital, 26 at Olive Mount Hospital, and 6 at

Aintree Hospital. The physically handicapped pupils in attendance at day special schools numbered 223 at the year's end, and these pupils were placed as follows:—

Margaret Beavan	...	...	...	...	...	...	89
Dingle Lane	...	...	...	...	...	...	134
							<hr/> 223 <hr/>

86. Mrs. K. M. Fairhurst, the Head Mistress of the Dingle Lane Special School, reports:—

“As swimming instruction with the boys had been so satisfactory during 1955, we arranged to give the girls the same opportunities. It is interesting to note that 26 children were able to attend swimming lessons during 1956, and 14 certificates were gained.

For some years we have been anxious to start a Folk Dancing class, but until 1955, there were never enough children who were physically fit. However, 22 children were able to take part in 1956, though the majority have their limitations. We hope to be able to enter a team for the Folk Dance Festival in 1957.

We are pleased to be able to report that a boy won a scholarship to Liverpool Collegiate. Six scholarships have been gained in the last four years.

During the year, 45 children have been admitted, 8 have left for employment, 15 have been transferred to ordinary schools, 10 transferred to other special schools, and 2 left the district.

The average attendance was 80·42 per cent., the highest being 87·96 per cent. in July, the lowest, 68·94 per cent. in February. 21 children have been in hospital for further operative treatment during the year, 16 of them being orthopaedic cases. 5 children have also been in hospital for recurrence of rheumatic infection, while 3 others were treated at home. 3 children had successful heart operations.

The school nurse has paid a large number of visits to the homes of the children, and her co-operation has been invaluable.

It is interesting to note that in a week in November, chosen at random, 26 sessions were spent in hospital visits by the children.

Some of the children have been out on educational visits, *e.g.* Philharmonic Concerts, Speke Hall, the Docks via the Overhead Railway, and to an exhibition at the Mabel Fletcher Technical College.

There were 127 visitors to the school during the year—chiefly college students, nurses and doctors.

Some of the infants were once again invited to Northway Infants' School to take part in their Harvest Festival Service, and later, to their Christmas Concert. The juniors were invited once again to Ellergreen Secondary Commercial School for a lovely Christmas party, and the students also sent books and toys for the remainder of the children. We greatly appreciate the kindness of the teachers and children in these schools, the contacts with boys and girls in ordinary schools are invaluable for our children.

Another Open Day was held and we were very pleased to see so many parents taking an interest in the work of the school and the progress of the children.

Throughout the year a great deal of hard work was done by the teachers and I should like to express my gratitude to all of them for their unfailing co-operation and loyalty."

87. Mr. O. Roberts, Head Master of the Margaret Beavan School, reports:—

"The average number on roll throughout the year was 167 with an average attendance of 80·8 per cent. The 167 children consisted of 96 physically handicapped pupils, and 71 delicate pupils. There were 63 admissions and 40 were transferred to other schools and 15 left upon reaching school leaving age.

The health of the children was good, but there were a few cases of whooping cough, measles, and mumps. Absences caused by other illnesses were mainly due to bronchitis, and tonsillitis. This was most marked during July when attendances in the Infant Department were severely affected by the cold wet weather.

Attendances showed a slight improvement over the previous year and percentages ranged from 73·4 per cent. in February to 86 per cent. in April. Reference has already been made to the cold wet summer months when attendances dropped to 75 per cent. for the school as a whole and 53 per cent. in the Infants' Department.

Children residing outside the City boundary are the worst offenders in the matter of unsatisfactory explanation for absence and the position is complicated by the fact, that the homes of these children, being under the jurisdiction of Lancashire County Education Authority, cannot be visited by Liverpool Welfare Officers.

Analysis of the different groups of children in attendance is interesting.

Handicap.								July, 1953	July, 1956
Heart Disease	...	...	...	...	...	...	...	43	28
Poliomyelitis	...	...	...	...	...	...	...	7	12
Cerebral Palsy	...	...	...	...	...	...	...	15	23
Tubercular bones, joints, etc.	...	...	...	...	...	...	...	25	7
Crippling, amputations, etc.	...	...	...	...	...	...	...	11	7
Miscellaneous, burns, etc.	...	...	...	...	...	...	...	25	16
Delicate	...	...	...	...	...	...	...	28	75

In these three years, the number of children attending the school with heart affections has been almost halved, while those with tubercular disease of bones and joints has been reduced to almost a quarter. On the other hand, the number of delicate children has been trebled. Chest complaints, particularly bronchiectasis, are responsible for the increase in the number of delicate children attending the school.

Of these, 23 practise postural drainage daily under the supervision of the school nurse. Postural drainage is now a recognised part of the general school routine.

A new boiler for the central heating system was installed in September, and by careful attention, a satisfactory classroom temperature was maintained throughout the winter months. The building and classrooms were painted in light colours and the brightness is refreshing after the dull browns of the previous painting.

The boys enjoyed friendly games of football and cricket against teams drawn from ordinary schools in the district. While success did not crown their efforts, the games were very successful from the point of view of contact with children attending ordinary schools. A group of twenty boys and girls received swimming instruction at the William Roberts Baths, and twelve swimming certificates, ten beginners and two distance, were gained during the season.

The Old Scholars' Party was held in March and forty boys and girls enjoyed a social evening which included dancing. Because so many children are now being returned to the ordinary schools, the number of Old Scholars attending these functions will continue to decline. The After Care Committee continues to function but with smaller demands on its time."

Physically Handicapped (Residential Schools).

88. The Authority maintains two boarding schools for physically handicapped children, namely:—

The Children's Rest School of Recovery, Greenbank

Lane	50 pupils
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Abbots Lea School, Beaconsfield Road, Woolton	70 pupils
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89. Mrs. Edith A. Carman, the Head Mistress of the Abbots Lea Special School, reports:—

The health of the children has been good throughout the year and there were no epidemics. Of the children who left the school, 20 were discharged fit to attend ordinary schools, 5 were transferred to day special schools, 1 entered the Hospital School, and 5 reached school leaving age, while 4 moved to other authorities. The ex-pupils we find are returning to see their friends and the staff more and more frequently, and those of 16+ appear to be holding and enjoying the jobs they were placed in by the Youth Employment Bureau.

During the year, parties of senior pupils have attended the children's concerts at the Philharmonic Hall, and have had swimming instruction weekly at the local baths. The girls continue to attend cookery at the Woolton Centre, but as yet we have been able to make no satisfactory arrangements for the boys to have instruction in woodwork.

This year the annual garden party was forced to move indoors—and was voted by the children to be 'the best yet'—though the staff who had the extra work would not, I think, agree. The Christmas pantomime, Cinderella, written and produced by one of the teaching staff, was not as well attended as usual—largely due to petrol rationing. The English

Electric Company were not this year able to send their bus-load of representatives. They did, however, have sufficient petrol to send a most generous gift of toys and games and a complete electric train layout, while one representative brought along 6 budgerigars to add to our ever increasing zoo.

The Dunlop Rubber Company again made a gift of beautifully dressed dolls for the junior girls, a large crate of toys and games for the boys, and a selection of articles guaranteed to please the senior girls. The school has also been given by a private individual a badminton net and supports—Merseyside Hospitals Council have supplied the racquets—the children and staff have now taken up the game with enthusiasm.

Parties of visitors from abroad, and students from nearby colleges have been to visit us during the year, and all have remarked on the atmosphere and the friendliness of the children. It pleases us

School of Recovery, reports:—

“During the year sixteen children were discharged, seven of them returning to ordinary school, four were transferred to schools for the educationally sub-normal, three to open-air schools, and two left over age.

Eighteen children were admitted during the year, including five cerebral palsied children and three coeliacs. Fifteen of these children were under the age of eleven at the time of admission.

The Spastic Unit has continued to make satisfactory progress, both physically and educationally, throughout the year.

The acquisition of various types of agility apparatus, both for indoor and outdoor use, has proved most beneficial to these children and they have gained a considerable measure of self confidence through their use of the equipment.

The coeliacs have continued their restricted holiday regime with constant supervision and their general health has benefited accordingly. I think parents are becoming much more conscious of the need to adhere

strictly to the gluten free diet and, in the majority of cases, there has been no great loss in weight during the holiday period.

Several of the older boys now belong to the 8th Wavertree Scout Troop and some of the junior boys are very enthusiastic cubs. Plans are being made for some of the Spastics to join the Scout Movement. We welcome the additional contact with other boys which this will give them."

Pupils Suffering from Cerebral Palsy.

91. In addition to 9 Liverpool cases of cerebral palsy resident at Greenbank, there are 226 cases of cerebral palsy in Liverpool among children between the ages of 2 and 16, as follows:—

Attending ordinary schools	...	...	...	...	...	66
In other special schools—						
Educationally sub-normal	...	...	...	...	...	35
Physically handicapped	...	...	...	...	...	49
School for the Deaf	...	...	...	...	...	1
School for the partially sighted	...	...	...	...	...	1
Not attending school—						
Home teaching	...	...	...	...	...	4
Under Age	...	...	...	...	...	18
Recommended for notification to the local Mental Deficiency Act Authority, under Section 57 (3) of the Education Act, 1944, as ineducable						
...	...	...	...	...	...	49
Unfit for any school at present	...	...	...	...	...	3
						<hr/> 226 <hr/>

Delicate and Physically Handicapped Pupils.

92. The accompanying return shows the results of the examinations made by the approved medical officers of children referred with various physical handicaps:—

Recommended for day open-air school...	...	...	...	147
„ „ residential open-air school	...	...	...	32
„ „ day special school for physically handi- capped pupils	...	...	...	59
„ „ boarding special school for physically handicapped pupils	...	...	...	12
Recommended for home teaching	...	...	...	12
Decision postponed	...	...	...	9
Referred to hospital	...	...	...	—
Remain in ordinary school	...	...	...	110

Educationally Sub-Normal Pupils.

93. From time to time questions are asked in regard to the various aspects of the ascertainment of educationally sub-normal pupils. The nature of the question often reflects the particular viewpoint of the questioner. We are accused with equal frequency of too great zeal as we are of not being sufficiently drastic. It must be kept in mind that what is under consideration is the best interests of the particular child.

An analysis of the ascertainments done during the year helps to answer many of these questions.

During 1956, there were 1,202 ascertainment examinations carried out. The first point of interest is that the decision in 525 cases was that they should remain in their present schools. 68 of these children were referred to the Child Guidance Centre, the diagnosis being that some element of emotional disturbance was contributing to their backwardness. The remaining cases would be kept under supervision and some will probably later be adjudged educationally sub-normal. Since all children referred for examination are at least 20 per cent. educationally retarded, these results would indicate that there is no over zealousness to "ascertain".

When the decision is that a child should remain in his ordinary school a brief report of the findings of the examination is sent to the Head Teacher. It is considered that this information will assist the school in regard to the child's education.

It is of interest to note that in regard to innate ability as indicated by intelligence quotient, those not "ascertained" had ratings as follows:—

I.Q.								Number of Children.
Below 70	...	...	...	...	...	...	...	15
70—79	...	...	...	...	...	...	...	92
80—89	...	...	...	...	...	...	...	243
90—99	...	...	...	...	...	...	...	126
Over 100	...	...	...	...	...	...	...	47

Whilst those "ascertained" had ratings as follows:—

I.Q.								Number of Children.
50—59	...	...	...	...	...	...	...	51
60—69	...	...	...	...	...	...	...	178
70—79	...	...	...	...	...	...	...	305
Over 80	...	...	...	...	...	...	...	107

From the above it will be seen that whereas innate ability is a factor in the child's backwardness, it is not the sole basis for the decision whether to "ascertain" or "not ascertain". For example in the case of the 15 children with intelligence quotients below 70 who are "not ascertained" the main reason is that their attainments are in keeping with their mental ability and this is apparently being achieved in their particular ordinary schools without detriment to the other children in their classes. On the other hand in the case of the 107 children with intelligence quotients of over 80 who have been "ascertained", 98 are in the 8-12 year age group and all are practically illiterate. It is mainly from amongst this latter group of children that transfers back to ordinary schools occur. During 1956 there were 56 children "de-ascertained".

In individual cases weight will be given to the type of school, say one stream or four stream, whether possible to give special help, and such further factors as the ability and willingness of the parent to give more help to the child.

During the year 63 children were recommended for notification to the Mental Health Department, they being adjudged to be ineducable. Of this number 36 are included in the 1,202 ascertainment examinations. The remaining 27 were notified following periods of attendance at special schools for the educationally sub-normal, thus reflecting the policy that doubtful cases are always given a trial in the special school.

The Authority has five boarding schools for educationally sub-normal pupils with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	...	72
Riverside School, Hightown, for Boys	...	...	60
Thingwall, for Girls	...	...	40
Oakfield, Gateacre, for Girls	...	...	30
Beechwood, Aigburth, for Girls	...	...	60

The Authority also maintained 1 educationally sub-normal pupil at Pontville Roman Catholic Special School.

There are nine day special schools for educationally sub-normal pupils with accommodation for 1,050 pupils. The schools are Queensland Street, Northumberland Street, Richmond, Kilrae Road, Clubmoor, Stoneycroft, Monksdown Road, Brookside (Fazakerley Cottage Homes and Higher Lane Extension), and Sandon.

94. Miss A. A. Travis, Head Mistress of Crookhey Hall School, reports:—

“During the year ending December 1956, steady physical and educational progress was maintained.

For the seventeenth year there was not one case of infectious disease. The boys seem to thrive on the fresh air, good food and sleep. Even the few boys who are physically handicapped have made great strides in overcoming their particular difficulties.

The regular visits of the Senior School Medical Officer are invaluable. Individual cases and problems are discussed with the Head Teacher, and what is best for the boy's future is kept constantly in mind.

The Senior Dental Officer inspects the children's teeth during the holidays. Some have had treatment in Liverpool, but most of the work has been carried out by a dentist in Lancaster, on instructions from Liverpool. Eye tests are also speedily attended to in Lancaster. At the close of the year all boys had received the necessary attention to both teeth and eyes.

In February, a Resident Male Sick Bay Attendant was appointed. Detailed attention to boys' needs, particularly those of the younger group, has been most helpful.

Sport plays an important part in school life. The Crookhey Cubs are at present at the top of the Lancaster District Wolf Cub League. They play regular games at home and away.

Twenty-five boys spent a week in August camping at Skerries, Co. Dublin. The senior boys look forward to seeing a good football match on the Preston ground. They go unaccompanied and can be trusted to behave well.

Parents visit regularly and there is a healthy co-operation between the school and home.

The very capable staff have much on which to congratulate themselves. They have made a true "Home from Home" for these boys.

The Head Teacher appreciates the encouragement given to her by the Director of Education, the School Medical Officer and members of the Liverpool Education Committee. Without such help the problems of a residential school would be insurmountable."

95. Miss M. F. Shorten, Head Mistress of Beechwood School, reports:—

"Now that we have completed our third year, we feel that we are quite an old established school. The fact that almost all the older girls have been resident for three years is one of the reasons for a very noticeable improvement in the general behaviour of the school as a whole. New girls have a good standard of behaviour to copy and it is quite remarkable how quickly most of them settle down and adjust themselves to their new environment. Rare cases of serious homesickness are always sympathetically dealt with by the staff and children alike.

The standard of work in the classrooms continues to be very satisfactory. The desire to be able to read and write is a very real and earnest one, if only to be able to read a letter from home and write one back. Several educational visits were arranged for the senior class during the Christmas term, among them a farewell ride on the Overhead Railway. Since September the 30 younger girls have attended lessons in housecraft at Dingle Lane Special School, so that every girl now spends a whole day each week at this subject.

The health of the girls has been extremely good throughout the year. There have been no epidemics and not one instance of any infectious disease. The most trouble free period as far as minor ailments are concerned was, strangely enough, the Christmas term, which followed an almost sunless summer.

The average increase in weight was 12 lbs. and the average increase in height was $2\frac{1}{4}$ inches.

Of the 9 thirteen-year-old girls eligible for the Tuberculin Test, 100 per cent. consent was given by the parents; 2 girls were found to be positive, and 7 were given the B.C.G. Vaccination.

The Senior School Medical Officer visited the school each term. Every girl was physically examined and most valued help and guidance was given on one or two behaviour problems.

Early in the year there was a general dental inspection. Dental treatment and defective vision treatment have been carried out wherever necessary.

The majority of parents visit the school every month when they discuss with the Head Mistress and Staff any little problems which arise. Visits made by the school nurse and welfare officers, to homes where conditions are not satisfactory, are most helpful.

Social life was well catered for during the year, with many visits to cinemas, the pantomime and the circus, while other entertainments were arranged in the school.

We are very indebted to the Liverpool Rotary Club, and the Merseyside Hospitals Council, for their generosity to these handicapped children at Christmas-time and also to the Manager of the Gaumont Cinema who, on two or three occasions during the year, provided not only free seats but also ice-cream for the entire school.

A picnic at the Ainsdale Lido was one very enjoyable feature of the summer term.

The greatest pleasure of all was derived from the purchase in October of a television set. Again we are indebted to the Merseyside Hospitals Council for a gift of £30 towards this. The bulk of the money was obtained through the willing co-operation of the parents in patronising two Jumble Sales organised by the Staff.

A new and absorbing interest has been given to a group of girls who this year joined a local Girl Guide Company. It has been most gratifying and encouraging to hear from the Captain how well these girls have fitted into the group, and have been able to hold their own with girls from Secondary Modern and Grammar Schools.

The year ended with an operetta, excellently performed by the girls and enjoyed by a large audience of officials, parents and friends.

Tribute must be paid to all members of the staff for their co-operation, loyalty and self-sacrifice. The happiness, self confidence and sense of security gained by the girls is due entirely to their efforts."

Maladjusted Pupils.

96. There were 30 boys in the Aymestrey Court Residential School for Maladjusted Boys and of these, 7 boys were from the areas of other Education Authorities. There were also 5 boys in voluntary schools for maladjusted boys.

During the year there were 10 new admissions and 19 boys were discharged.

There is one Liverpool girl in St. Peter's School, Horbury, and two Liverpool girls in St. Joseph's School, East Finchley.

Home Teaching.

97. Mr. C. Holroyd, the Adviser for Special School, reports:—

“There continues to be many children who are unable to attend schools because of ill health. For them, the Liverpool Education Committee has provided a very good Home Teaching Service.

This work entails considerable travelling to all parts of the City and in all weathers. The teachers carry supplies of books and apparatus from place to place. At present there are four teachers employed as Home Teachers.

There are at present 27 children receiving Home Teaching, one of whom is being taught with a view to taking the General Certificate of Education. Each child receives at least one full session per week, and work is prepared and left for the children to occupy them during the remainder of the week.

These teachers also maintain a full-time teaching service at the Child Guidance Centre, and they do a great deal towards rehabilitating children who have special educational difficulties.

At all times there is the closest co-operation between the teachers and the parents, and the teachers encourage the parents to take an active part in the education of their children so that they are in a position to supervise their children's work between visits of the teachers. The results achieved by these teachers have been most encouraging and examples of the children's work were exhibited at the Liverpool Show.

Some of the children have been able to take their places in ordinary schools and special schools without undue strain when their health has permitted them to do so.

Several of the children were transported by their teachers to schools so that they could take an active part in the Christmas festivities. These children, who are so cut off from normal living, thoroughly enjoyed mixing with other children on this occasion.

The teachers are to be congratulated on their devotion to their work. The work to them is individual and interesting but at the same time the teachers are very cut off from the normal stream of Education and from the normal contacts which are enjoyed by others in the profession."

Speech Therapy.

98. Mr. W. G. Good, Senior Speech Therapist, reports:—

Defect				Boys	Girls	Total
Stammer	...	...	...	77	15	92
Dyslalia	...	...	...	58	19	77
Dysphonia	...	...	...	2	2	4
Cleft Palate	...	...	...	1	2	3
Dysarthria	...	...	...	6	4	10
TOTAL	...	...	...	144	42	186

The above figures illustrate the total number of children who received treatment during the year ending 1956. 32 cases were discharged as having much improved and 107 new cases were admitted during the year. 6 cases were discharged for poor attendance, 1 upon attaining school leaving age and 1 case was transferred to a hospital speech clinic. 2 cases were referred to Child Guidance Clinic. 267 cases were screened during the year so that the most deserving cases could be selected for treatment.

In June 1956 Miss Brown, Assistant Speech Therapist, resigned from the Service and in September and October Miss Howard, and Miss Smyth were appointed and took up their duties as Assistant Speech Therapists, thus bringing the establishment up to full strength.

There has recently been an increase in the number of cleft palate cases treated in the School Health Speech Clinics. Essentially these cases are referred very early in life for surgery and usually speech therapy is given later at a hospital clinic. To eliminate travel and curtail time lost from school some parents have requested transfer to clinics nearer home or school.

The cleft may be a complete one involving the lip, teeth ridge, hard and soft palate, or may occur only in one of the aforementioned parts of the mouth.

A cleft of the soft palate has a serious effect upon speech. The soft palate's function in speech is to seal off the nasal cavities from the mouth in order that oral air pressure can be built up and maintained for the production of speech sounds. Thus, an incompetent sphincter results in loss of oral air pressure resulting in very weak consonant formation. The speech becomes excessively nasal as too much air tends to escape into the nasal cavities. The only time during the act of speech when the soft palate is not required to seal off the nasal cavities from the mouth occurs when the sounds MN. and NG. are being articulated.

When considering repair to the soft palate surgeons recognise the need for a soft palate which will be of sufficient length to approximate with the posterior pharyngeal wall and will also be physiologically capable of the rapid fluctuations needed for speech. Repair to lip, teeth ridge and hard palate will also aid articulation.

Plastic surgery in connection with repair to cleft palate has in recent years made tremendous progress. In not a few cases surgery has been so effective that normal speech has resulted without the need for speech therapy. In some cases speech therapy is desirable, for the child—owing to habit—cannot make best use of the new sphincter. The ability to make best use of the new mechanism will in part depend upon the child's level of intelligence and emotional stability.

In some cases after surgery a competent sphincter cannot be effected, because there is insufficient soft tissue in the roof of the mouth to enable a soft palate of sufficient length to be constructed. Furthermore an inadequate blood supply to the new palate will seriously impair its ability to move freely and adequately.

Today with the services of surgery, orthodontics and speech therapy, the cleft palate child has every chance of overcoming in large measure what was formerly a gross handicap."

Medical and Dental Arrangements.

99. The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local

medical practitioners whilst both specialist and dental treatment are provided either under the Local Authorities' arrangements or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	398
Tonsils and Adenoids	...	...	...	...	...	...	30
Aural conditions	...	...	...	...	...	...	103

whilst children suffering from minor ailments were treated at the schools.

100. The following table shows the work carried out by the dental staff of the School Health Service at the Special Schools:—

TABLE 10.

Number of inspection sessions	...	...	...	...	...	...	18
Number of treatment sessions	...	...	...	...	...	...	28
Total number of sessions	...	...	...	...	...	...	46
Number of children inspected	...	...	...	...	...	...	1,688
Number of children requiring treatment	...	...	...	...	...	...	785 (46·5%)
Number of children treated	...	...	...	...	...	...	327
Number of attendances made for treatment	...	...	...	...	...	...	327
Number of teeth extracted	...	...	...	...	...	...	556
Number of teeth filled	...	...	...	...	...	...	85
Number of operations	...	...	...	...	...	...	7
Number of administrations of general anaesthetics	...	...	...	...	...	...	340

School Nurses and Special Schools.

101. Miss Snoddon reports:—

“The Special School Nurses continue to devote part of their time to home visiting. They are mainly concerned with following-up children who are absent from school.

In a recent Survey it was found that outside those cases of genuine ill-health, certain children were frequently absent because of the indifference of the parent to the child's attendance at school. There is usually found to be an unsatisfactory home background, and an overall neglect in these cases. The school nurse's visits are made to endeavour to improve the child's attendance, and to give advice and assistance when children are ill.

They also keep the children under observation during the school holidays to ensure that postural drainage and other treatments which were carried out at the school are continued at home. Children suffering from coeliac disease are also kept under supervision to see that the correct diet is maintained. In this way some attempt is made to ensure that children maintain the benefits derived from the special school curriculum.

Whilst the special school nurses' responsibility ceases when the child leaves school many of them continue to interest themselves in the child's progress and when necessary visit the homes in a voluntary capacity outside their ordinary duties.

There is a particularly pleasant atmosphere in the special schools between parents, teachers, and nurses which makes a valuable contribution to the work of the schools."

102. In the reports of the special school nurses are the following comments:—

"Home visiting is much appreciated by the great majority of the mothers who extend a welcome into their homes. Only in two instances have I not been invited into the house. The mothers are only too anxious to discuss their problems and what is common place knowledge to us is often quite new to themselves.

I should like to pay tribute to the great help I receive from the Almoners of the hospitals."

"Transport continues to present one of the biggest problems of Day Special Schools. Waiting for school buses in bad weather and travelling long distances for many delicate children means chills and absence from school."

"I have found that a visit to the parents of new educationally sub-normal pupils, telling them of their progress and how they have settled

down is of great comfort to them, and they are most appreciative. At the same time I am able to see the home conditions and talk over any problems they are worried about.

I consider the majority of educationally sub-normal children are far happier in a special school, as they are mixing with children of the same mental range."

EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE.

103. Mr. Duncan, the Superintendent of the Youth Employment Bureau, has given the following report:—

"By special educational treatment every effort is made in schools to enable the handicapped to lead as normal a life as possible and when they leave school the Special Section of the Youth Employment Bureau devoted to the needs of the physically and mentally handicapped young people endeavours to ensure that the less fortunate boys and girls are given as wide as possible an opportunity of entering upon employment within their capacity. Where the abilities are very limited, the work performed as a means of earning a livelihood must necessarily be simple but where, apart from any physical defect, the innate ability is good, the aim is to assist them to obtain employment which will provide opportunities for development and progress. In some instances it proves necessary to arrange for the individual to undertake a course of further education and training, but the majority of handicapped boys and girls are able to go direct into employment that has been selected for them, although sometimes a special approach has to be made to the employer to give extra help during the early stages of learning the job.

As far as children in Special Schools are concerned the normal practice is for each one to be seen by the Specialist Officer twice before they leave school; the second occasion being when the School Medical Officer makes his final examination and is thus available for consultation. Fifty-three conferences of this nature were held in Special Schools where 131 boys and 111 girls were given vocational guidance; 112 parents attended these interviews.

During the year a total of 678 handicapped young people (387 boys and 291 girls) have been given advice and help in securing employ-

ment. They had a wide variety of handicaps which ranged greatly in degree of severity but it was possible to arrange for them to be accepted for 631 vacancies in many different kinds of work.

In accordance with the normal practice of making a Survey each year of a group with a particular handicap, a follow-up was undertaken of the employment histories of fifty-eight boys and girls, handicapped by blindness or partial sight, who had left school during the preceding five years. Of these, nineteen were on the Register of Blind Persons and twenty-nine on the Register of Partially-Sighted Persons.

In general, the results of the Survey were very satisfactory in so far as they revealed a high degree of stability in employment on the part of the young people concerned and also the tendency for blind boys and girls to wish to enter, and to compete successfully in, open employment. Two points which emerged from the Survey were:—

- (a) the apparent need for sheltered workshop training for the Blind to be concentrated on less skilled types of work than is customary at present in order to cater for the Blind young person of below average intelligence and
- (b) the difficulty experienced by young people with partial sight and above average intelligence in entering employment which will allow full scope for their abilities.”

Appendix A.

MINISTRY OF EDUCATION.

MEDICAL INSPECTION RETURNS, YEAR ENDED 31st DECEMBER, 1956.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A. PERIODIC MEDICAL INSPECTIONS.

AGE GROUPS INSPECTED AND NUMBER OF CHILDREN EXAMINED IN EACH :—

Entrants	...	...	...	...	...	...	...	...	13,769
Second Age Group	...	...	...	...	...	...	...	...	10,864
Third Age Group	...	...	...	...	...	...	...	...	10,742
TOTAL									35,375

ADDITIONAL PERIODIC INSPECTIONS	...	...	...	...	...	...	15,122
							<hr/>
GRAND TOTAL							50,497

B. OTHER INSPECTIONS.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	37,598
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	67,065
TOTAL							104,663

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIIA. (3)	Total individual Pupils. (4)
ENTRANTS	263	1,136	1,310
SECOND AGE GROUP	692	646	1,236
THIRD AGE GROUP	867	479	1,287
TOTAL	1,822	2,261	3,833
ADDITIONAL PERIODIC INSPECTIONS	862	935	1,644
GRAND TOTAL	2,684	3,196	5,477

**D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED
IN THE AGE GROUPS RECORDED IN TABLE 1.A.**

Age Groups Inspected.	Number of Pupils Inspected.	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
ENTRANTS	13,769	13,214	96·0	555	4·0
SECOND AGE GROUP ...	10,864	10,402	95·7	462	4·3
THIRD AGE GROUP ...	10,742	10,257	95·5	485	4·5
ADDITIONAL PERIODIC INSPECTIONS	15,122	14,509	95·9	613	4·1
TOTAL	50,497	48,382	95·8	2,115	4·2

TABLE II.

INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	...	...	...	420,211
(ii)	Total number of individual pupils found to be infested	...	...	...	...	19,395
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	4,788
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	583

TABLE III.

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1956.**

A. PERIODIC INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.				TOTAL including all other age groups inspected.	
		Entrants.		Leavers.		Re- quiring Treat- ment. (7)	Re- quiring Observa- tion. (8)
		Re- quiring Treat- ment. (3)	Re- quiring Observa- tion. (4)	Re- quiring Treat- ment. (5)	Re- quiring Observa- tion. (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	41	245	66	213	187	851
5	Eyes—						
	(a) Vision	263	351	867	1,215	2,684	3,629
	(b) Squint	437	385	81	162	973	1,288
	(c) Other	16	93	9	49	69	308
6	Ears—						
	(a) Hearing... ..	42	77	27	68	152	434
	(b) Otitis Media	48	209	34	125	148	753
	(c) Other	10	67	5	40	29	224
7	Nose and Throat	299	1,509	52	422	634	3,980
8	Speech... ..	47	186	13	40	126	410
9	Lymphatic Glands	7	572	—	51	10	1,112
10	Heart	16	435	16	263	58	1,304
11	Lungs	62	830	12	344	123	2,238
12	Developmental—						
	(a) Hernia	28	106	2	19	48	237
	(b) Other	22	303	7	140	81	928
13	Orthopaedic—						
	(a) Posture	27	128	25	166	121	630
	(b) Feet	123	207	25	88	336	686
	(c) Other	115	213	82	242	317	945
14	Nervous system—						
	(a) Epilepsy	2	25	2	15	7	85
	(b) Other	2	60	3	38	12	195
15	Psychological—						
	(a) Development	11	73	2	83	116	541
	(b) Stability	7	225	4	58	30	692
16	Abdomen	8	137	7	33	47	445
17	Other	25	257	23	189	90	828

TABLE IV.**Group 1. Eye Diseases, Defective Vision and Squint.**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	2,281	25
Errors of refraction (including squint)	12,796	35
TOTAL	15,077	60
Number of pupils for whom spectacles were prescribed	8,629	Not known

Group 2. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated,	
	By the Authority	Otherwise
Received Operative Treatment—		
(a) for diseases of the ear	75	86
(b) for adenoids and chronic tonsillitis	—	248
(c) for other nose and throat conditions	—	135
Received other forms of treatment	1,488	—
TOTAL	1,563	469
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	19	41
(b) in previous years	2	130

Group 3. Orthopaedic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	2,554	174

Group 4. Diseases of the Skin

(excluding uncleanness for which see Table II).

							Number of cases treated or under treatment during the year by the Authority.
Ringworm— (i) Scalp	...	...	...	...	...	...	2
(ii) Body	...	...	...	...	...	...	34
Scabies	...	...	...	...	...	...	98
Impetigo	...	...	...	...	...	...	588
Other skin diseases	...	...	...	...	...	...	1,187
TOTAL	...	...	...	...	...	...	1,909

Group 5. Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made
by the Authority 608

Group 6. Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by
the Authority 186

Group 7. Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the
Authority 23,702

(b) Pupils who received convalescent treatment under School Health Service
arrangements 1,192

(c) Pupils who received B.C.G. vaccination 6,359

(d) Other than (a), (b) and (c) above—
Heart 83

TOTAL (a)—(d) 31,336

TABLE V.

Dental Inspection and Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers :—							
(a)	At Periodic Inspections	...	...	...	...	...	...	61,735
(b)	As Specials	...	...	...	...	...	...	4,098
							TOTAL (1)	65,833
(2)	Number found to require treatment ... 33,734							
(3)	Number offered treatment ... 33,734							
(4)	Number actually treated ... 16,924							
(5)	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) below ... 29,372							
(6)	Half days devoted to : Periodic (School) Inspection ... 509							
	Treatment ... 3,766							
							TOTAL (6)	4,275
(7)	Fillings : Permanent Teeth ... 12,365							
	Temporary Teeth ... —							
							TOTAL (7)	12,365
(8)	Number of teeth filled : Permanent Teeth ... 11,175							
	Temporary Teeth ... —							
							TOTAL (8)	11,175
(9)	Extractions : Permanent Teeth ... 7,703							
	Temporary Teeth ... 15,155							
							TOTAL (9)	22,858
(10)	Administration of general anaesthetics for extraction ... 12,355							
(11)	Orthodontics :—							
(a)	Cases commenced during the year	...	...	...	...	...	...	207
(b)	Cases carried forward from previous year	...	...	...	...	...	...	76
(c)	Cases completed during the year	...	...	...	...	...	...	87
(d)	Cases discontinued during the year	...	...	...	...	...	...	188
(e)	Pupils treated with appliances	...	...	...	...	...	...	211
(f)	Removable appliances fitted	...	...	...	...	...	...	208
(g)	Fixed appliances fitted...	...	...	...	...	...	...	26
(h)	Total attendances	...	...	...	...	...	...	1,264
(12)	Number of pupils supplied with artificial dentures ... 263							
(13)	Other operations :—							
	Permanent teeth	...	...	...	...	...	...	3,625
	Temporary teeth	...	...	...	...	...	...	—
							TOTAL (13)	3,625

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT
INDICATED THUS—X.

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance
Balfour Institute	X							
Belle Vale	X	X						
Burlington Street		X						
Carnegie, Arrad Street		X						
St. Anne's School, Christian St.							X	
Clifton Street, Garston	X	X	X	X	X	X	X	
Croxteth	X	X						
Dingle House					X			
Dovecot	X	X	X	X			X	
Everton Road	X	X	X	X	X			
Falkner Square (Child Guidance Centre) ...								X
Fazakerley	X	X						
Harper Street	X		X					
High Park Street	X							
Mill Road (Everton)		X						
Norris Green	X	X	X	X				
North Corporation	X		X	X				
Northumberland Street	X	X	X					
North Way		X						
Old Swan	X							
Speke	X	X						
Sugnall Street	X	X		X		X		
15/17, Upper Parliament Street		X						
Walton	X	X	X	X	X		X	
264, Westminster Road		X						
Westminster Road Congregational Church Hall	X							
TOTAL	17	17	8	7	4	2	4	1

